

THE ALKALOIDAL CLINIC

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A Monthly Journal Devoted to Accuracy in Therapeutics, with practical Suggestions Relating to the Clinical Application of the Same.

EDITORIAL STAFF

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ADDRESS

THE ALKALOIDAL CLINIC,
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ARTICLES on subjects coming within the scope of the different departments of this journal are solicited from all our readers. For each one used, if desired, we will supply the writer with twenty-five copies containing the same, or will send **THE ALKALOIDAL CLINIC** for three months to any ten physicians whose names and addresses accompany the article. Write on one side of the paper, and every other line only; say what you mean to say, and be brief and plain.

QUESTIONS of probable interest to our readers will be answered in our Miscellaneous Department. We expect these to add much value to our pages.

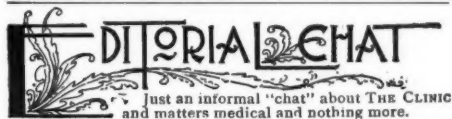
OUR AIM is to make this journal a helpful and informal interchange of thought and experience between those actively engaged in the treatment of the sick.

ADDRESS AS ABOVE.

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IMPORTANT NOTICE!

A blue check mark in this paragraph (✓) indicates that your subscription has expired. Please renew promptly.



Just an informal "chat" about **THE CLINIC** and matters medical and nothing more.

PERHAPS THIS MEANS YOU.

We have decided to discontinue the use of the pink wrapper with this issue and with it we hope to discontinue much of the occasion for its use. Although by far the greater part of our subscribers who have been receiving the **CLINIC** thus attired have taken

proper steps to have it removed, yet there still remain a few who are silent on the subject. To these few we make one more appeal. If you want your **CLINIC** continued send money for your renewal. This is

THE LAST CALL.

While we are willing to extend every helpful courtesy to our subscribers our bills must be paid. We are giving a great deal for the money and are glad and willing to do so, but we have no **CLINICS** for those who are not willing to pay for them; and we believe that we are entitled to the courtesy of an expression of your pleasure in the matter. Therefore if you are delinquent at the next mailing do not be surprised if the **CLINIC** passes you by. We shall be sorry to lose any of our old friends, but——well, Doctor, I hope it won't be you.

WE ARE BURIED ALIVE.

If **CLINIC** readers could see the editorial desks at the moment of writing they would fully appreciate the applicability of the above caption. We are "buried" but happy, for our desks are loaded with pages of warm-hearted thanksgiving for the past and good wishes for the future—kind and helpful words that have come to us accompanying annual renewals from our old friends, many of whom have been with us from the beginning and have treasured the **CLINIC** even when it was a poor little sixteen-page effort struggling for life and professional recognition until now when it counts its friends by the thousands and tens of thousands and is perhaps enjoying a larger circulation than any other medical journal in the land.

We have tried to answer these friendly letters. We have worked day and night

and employed extra stenographic help, but all to no avail; the pile continually accumulates and we put up our hands begging to be excused from further effort. To such of our readers as have not received personal replies to their friendly letters we beg to say that this is a token of our appreciation of the good words that have come to us to gladden our hearts on this the CLINIC's anniversary. To all our friends the right hand of fellowship. May the good Lord be with you!

THE TREATMENT OF LA GRIPPE.—A WORD OF WARNING.

I sincerely trust that none of our readers will yield to the elusive advertisements now going the rounds, of specifics for la grippe or influenza, as it is commonly called, away from the established alkalometric lines of treatment, which, believe me, are fully competent and every way superior to any other yet devised. And I say this after years of experience both with this and different methods, during which I have treated thousands of cases. And I am, at this moment of writing, having a wide experience in this same line which is but a new demonstration to me that there is nothing wanting in the alkaloidal method of treatment. Aconitine, strychnine, digitalin, nuclein, emetin, scillitin, codeine, atropine, calomel, etc. and the saline laxative, when properly applied, are all-sufficient, while at the same time they are pleasant and safe and given as single remedies in minimum doses they admit of all necessary variations to meet any and every condition that may arise. My paper on "Coughs and Colds," published last month, gives the general treatment.

Several special papers on the subject of la grippe will be found in this issue, notable among which is one by my able and valiant co-worker, Dr. Waugh, from whose pen come so many good things to the pages of the CLINIC.

But in all this, as in all things else

medical, no matter how careful the teaching, much remains to be determined by the physician in attendance, for every case is a law unto itself. This is the chief reason why alkalometry is so much more successful than any fixed line of treatment. Alkalometry is merely a method whereby certain reliable means capable of endless variation are placed in the hands of the practitioner to be fitted to the case in hand.

SEXUAL HYGIENE.

The Physicians' Club is one of our strongest medical societies in Chicago, formed by the union of the Doctors' Club and the Practitioner's Society. Its membership embraces most of the leading medical men of the city. Recently the managers determined to devote an evening to a discussion of sexual hygiene, believing this topic would prove of interest. In this they were not mistaken, for the attendance was the largest gathered at the club tables for many months. Professor John M. Dodson presided, and most of the gentlemen and ladies present participated in a discussion of this delicate subject; in a perfectly scientific spirit, without a suggestion of grossness or levity. The spectacle was an edifying one to those who cannot believe that the abnormalities of the sexual function can be discussed in the same manner as those of the eye or the lungs.

That this subject is of vast importance to physicians in their function as family advisers cannot be doubted. And where is the doctor who has not had reason to regret his ignorance when confronted with these problems, on whose solution depends the welfare, mental, moral and physical, of his patients?

We detest pruriency; we abhor the whole subject of sexual perversion; but we find that the vast body of the profession needs and wants information upon sexual hygiene, and we have therefore determined to print the proceedings of this meeting.

This will require several numbers of the CLINIC, as we cannot spare many pages of any one issue for it—perhaps it will run through six or more months. We bespeak for it the same strictly scientific consideration shown by the Physician's Club.

And we beg again to say that the CLINIC is a doctor's journal, not intended for the public or for the patients in the waiting-room. With these prefatory comments we place the matter before you.

FUNDAMENTAL LAWS OF DOSIMETRY.

NUMBER TWO.

In pulmonary tuberculosis we have to deal with a *corpus mortuum*, the tubercle, originating in debility or vitiated blood. To act on the latter we have the arseniates; of strychnine for debility; of iron for anemia; of sodium, potassium or antimony for the strumous diathesis; in each instance to be given for a long time. Twelve granules a day suffice, given with the milk diet. Pulmonary congestion is apt to occur, requiring aconitine and veratrine, with calcium sulphide and iodoform to aid expectoration. For cough let a granule or two of codeine be masticated, saliva being its best vehicle.

Like all diathetic conditions, tubercle offers great resistance to our art. We invoke the all-powerful resources of hygiene, sea-air, a saline regime. Amedée Latour employs sodium chloride and tannin. The diet should be substantial; free livers escape the hereditary consumption. The irritation being calmed by iodoform and codeine, congestion calls for veratrine, with sodium salicylate to neutralize absorption. Diarrhea requires narcotics, with the bitter alkaloids. Cretaceous formation may be favored by calcium and sodium hypophosphites. Colliquation may be retarded by caffeine arseniate, tannin, strychnine, all tissue toners. The animal oils are only useful at the beginning; later they are like throwing oil on a fire.

Cardiac diseases are the most frequent of all, the causes being moral as well as physical. They begin as neuroses. If hematic, sodium salicylate and antimony arseniate are to be given as dominants, with aconitine, digitalin and strychnine to retard hypertrophy and dyspnea, as variants.

The *tuto, cito et jucunde* of Celsus is thus applied: It is absolutely necessary that the remedy should have no injurious effect whatever. *Primo non nocere*. The alkaloids have been condemned as dangerous, but no greater mistake could be made. Danger lies in compounds of uncertain strength. The solanaceæ are variable, their composition imperfectly known; their alkaloids are uniform and their effects familiar. Wild foxglove has caused instant death. Peter said: "Digitalis is an uncertain and dangerous medicine." Durosier added: "When looking over my notes I was dismayed at the poisonous effects of digitalis." Digitalin has been given for years with constant benefit and no harm.

The alkaloids being so soluble can be repeated in fifteen minutes, in acute diseases, whereas the old forms cannot be given more than once an hour, and are usually administered every two to four hours. This cumulative dosage with speedy effect enables us to adjust the dose to the individual with unparalleled accuracy, and to obtain a curative effect many hours before the old-fashioned doctor has ascertained the proper dose for his patient.

The granules can be readily administered, even to children, without the loathing or nausea of the old medicaments. The speedy relief also renders them more acceptable. Let the patient choose between the granules and the old forms.

Minima and maxima have no place in dosimetry. In acute diseases a granule is given every ten to thirty minutes until the physiologic effect appears; not the toxic effect but the condition of physiologic

equilibrium. It is a catalytic or pharmacodynamic action, promoting healthy function without participating in it, organically or chemically.

A case: Chronic prostatitis, sequel to youthful gonorrhea, retention of urine, narrow spiral stream.

Treatment: Cicutine and hyoscyamine to calm vesical spasm, a granule each every half hour until effect. In two hours this occurred, the urine flowing spontaneously. Stopped hyoscyamine and gave strychnine. He now urinates slowly but sufficiently, without the catheter.

The reader will note that when Burgraeve prepared his work the intestinal antiseptics had not come into use, hence in the diarrhea of tuberculosis he has to fall back upon the narcotics. So in the subsequent expositions of his system it may be that other improvements will suggest themselves. Note that in the case of prostatic hypertrophy no claim is made of opening the stricture by drug-action, but simply that the retention is largely due to spasm, for which cicutine and hyoscyamine are sufficient remedies. Thiosinamin has since been introduced as capable of causing absorption of a stricture, when introduced into the blood.

THE NEW SPELLING.

That the English language is destined to become universal is a view that has respectability at least.

That the said English language is fearfully and wonderfully made, will be instantly admitted by every person who ever tried to teach or to learn it. And that it can be vastly improved by common consent goes without saying.

Conservatism intrenches itself in the East. England clings to the obsolete "u" in such words as colour, and to many other relics of bygone etymology and pronunciation. In America we have adopted many shortenings, dropped many useless

letters. But very many more changes are necessary if we wish to reach the simple and obviously desirable point of having a language whose written symbols represent the sounds as spoken.

The only way to bring about a spelling reform is to make the new orthography customary. This done, the dictionaries must recognize it. The only way to make the changes customary is for some one to begin their use and persuade others to do so. The CLINIC is by no means the first to move in this matter, nor can it afford to be the last. In many cases the new forms have won a certain support, enough to justify us in throwing our vote upon that side. A number of journals have adopted the use of the following: Altho, draft, enuf, sluf, sulf-ate, ite, ide, etc.—tho, thru, thruout, and the termination "t" in place of "ed" wherever it seems desirable. We have long since dropped the useless tails of program and catalog. Life is too short to be spent in writing and printing useless letters. Prune away the dead wood and give the young growth a chance.

SYPHILIS AS AN OBJECTION TO COLONIAL EXPANSION.

A Boston economist has recently based an argument against "imperialism" on the alleged prevalence of syphilis in the British army.

This is one of those catchy ideas that is apt to be taken up by the unthinking. To be of force it would be necessary to prove that syphilis is more prevalent among regular soldiers than among men of the same class at home. The prevalence of syphilis among civilians is not and cannot be made public. Such things are kept jealously as secrets between the patient and his physician. Syphilis is not an evidence of moral degradation, though it may be a cause of it. It is a possibility wherever one comes in contact with an individual affected, whether sexually or otherwise. It may even be said that there is less danger

to the soldier, in that publicity to a certain extent is sure to follow his infection. When inspection of public women is enforced the prevalence of the disease is greatly lessened. We see no reason why a man cannot be as moral, as God-fearing, in the army as he is at his home.

OBITUARY.

John B. Hamilton is dead; dying of peritonitis following an abdominal operation, spite of the efforts of the first surgeon in the world, Nicholas Senn. Dr. Hamilton had a long and useful career, from the time he walked out of Rush Medical College with his diploma under his arm. As Surgeon General of the U. S. Marine Hospital Corps, Secretary General of the 9th International Medical Congress, Editor of the American Medical Association Journal, Secretary of the Illinois Medical Society, Professor of Surgery, and Superintendent of the Elgin Insane Asylum, his clear head for business, genius for administration and high professional endowments approved him as fully equal to every task set for him. He commanded the confidence of the country in the handling of epidemics. He was a tremendous worker, and it seemed impossible to put so many burdens on him that he could not do justice to all.

His death leaves several places to be filled and one at least will occasion difficulty. Dr. Hamilton's management has placed the Association in a better position in every respect than it had ever enjoyed previously; and the man who can uphold its present standard of literary excellence and its financial prosperity will do well.

ALCOHOL IN MEDICAL PRACTICE.

Dr. D. R. Greenlee has published a small pamphlet upon the use of alcohol in the Minnesota Soldiers' Home. Surely if ever this potent agent is of use it should be in such a place, where the broken wrecks of old soldiers, in the chilly north-

west, among the Norse people, seem to combine the needs and the custom of alcohol-taking. Nevertheless Dr. Greenlee's verdict is emphatically against it. He says: "We have under our roofs men who have been confirmed drunkards for many years. They were brought here to die, seven years ago. They are still dying, and cheerfully too, but give no evidence of giving up the struggle for some time to come. Plain but nourishing food *** has done wonders in prolonging life in the aged and recuperating apparently worn-out men. And I wish to emphasize the fact that I am speaking more particularly of this class and of former hard drinkers. Many of these men are well today, and often tell me that they owe their new enjoyment of life to the stand taken by me in regard to their drink." "I have found strychnine a great help in these cases. Capsicum is also very useful in a variety of ways."

I only regret that lack of space forbids the reproduction of this sensible, forcible, but convincing paper. It is entirely free from the raving of the fanatic or the cant of the zealot; but is just a quiet inquiry into the matter and a record of the facts as deduced from the doctor's observations.

TO CORRECT AN ERROR.

On page eleven of the January issue occurs a mis-statement which should be corrected in the minds of every reader. It is purely typographical but is an error just the same; and I trust that by thus bringing it to the attention of our readers any ill effect which it may have had will be thereby effaced. Make "twelve" read "twenty-four" in regard to dosage of aconitine, the rule for children being, as you all know, to dissolve one granule for each year of the child's age and one extra in twenty-four teaspoonfuls of water, the dose being one teaspoonful. This is one of the few active principles the dosage of which

can be definitely stated and even this must be given until effect. The user must learn the minimum dosage and then provide for contingencies himself, the point being to give as rapidly as effects are obtained, and then to modify or stop when the desired result is produced.

MISNAMING DISEASE.

In certain circles the practice has become popular of employing the names of men to designate disease. This is an unmixed evil, in that it inflicts an unnecessary load upon the already overburdened memory. Take Bright's disease for an example. What does the term signify as to the nature of the affection? Nothing whatever; but only the fact that Mr. Bright was the man who directed public attention to it. But this is not nearly so important as other facts; in fact it is misleading in that the term comprises at least four distinct diseases, differing in etiology, symptoms, course, prognosis and treatment. How much better to designate these as acute nephritis, desquamative nephritis, interstitial or parenchymatous nephritis, and amyloid nephritis. Each of these carries with it a distinct idea, embracing the pathology and calling up a special clinical picture. Instead of this we have men talking about "acute Bright's," "cirrhotic Bright's," etc.

But no; we must take back part of this. It is not men who talk thus but the boys. It is essentially a first-course medical student's trick, this affectation of superior knowledge by veiling things common under a special name. So we have something like a hundred diseases masked by men's names; and the practice has extended until we have "Graefe's Sign," "Thiersch's Solution," "Morton's Fluid," and a whole host of such silly boys' pseudonyms. The one utility they possess is that old men who know a bit have to ask the boys what these things mean;

and the youngsters have a little chance to crow over their seniors.

Far more sensible was the elation of the old country doctor, who met a city professor in consultation, and told with glee that "the city man didn't even know what dropsy-powder was!" Dropsy-powder means something and anyone can see at a glance what that meaning is; but "Lafayette mixture" is as unintelligible as the Maya hieroglyphics until the explanation follows.

It would be wise to discourage this practice. It has not even the virtue of expressing a fixed formula, since Pyncheon has shown that under the title "Dobell's solution" some twenty-three different formulas are afloat. Three formulas have been given in the CLINIC for Thiersch's solution. Better learn how to mix boric and salicylic acids in water to suit your case.

BAD BOOKS.

We have been asked why we object to works such as Krafft-Ebing's book on sexual perversion. Briefly, because we cannot touch pitch and not be defiled. After reading of the horrible depths to which humanity can descend, of the depravity of whose possibilities most men are happily ignorant, ordinary crime seems absolutely praiseworthy.

And there is in man unfortunately a certain curiosity that impels him to try for himself what other men have tried, just as there is a temptation to throw oneself down from a dizzy height. The writer, when he first stood on the brink of Niagara and looked down on the boiling chaos, felt the power of that impulse, and realized how easy it must be for care-worn, disappointed, world-weary men to give way to it.

Let every man ask himself if he would like his own wife, sons and daughters to be rendered familiar with all the prodigies of cruelty and lust recorded of half-crazy, abnormal beings.

LEADING ARTICLES

We solicit papers for this department from all our readers. They should be on topics kindred to the scope of *THE CLINIC*, and not too long. Reprints in pamphlet form will be made at a very low price, and in any quantity from five hundred up. If you wish to send sample copies to your friends, see provision under "Articles" in general statement, first page of Editorial Department.

Contributors are earnestly requested to furnish us with a recent photograph, to be used in illustration of their articles.

CHRONIC CATARRHAL COLITIS.

By Ralph St. J. Perry, M. D.

A GREAT many of the chronic cases which come or are sent to me for treatment resolve themselves into simple cases of chronic catarrhal colitis; that is, the foundation of their trouble lies in an old-standing inflammation of the colon, and my experience has proved that no permanent effect can be secured until the colon and the alimentary exits are placed in good condition. I have in mind a few cases recently sent home happy, which particularly illustrate this point and which I want to narrate for the benefit of my brethren.

Case 1.—Mrs. Jane C., aged sixty-three years, has been the rounds of all her home doctors during the past eighteen months and had been treated for everything except catarrh of the colon. One man said acute dysentery and treated accordingly; the next man said dysentery was all bosh and prescribed for "liver-disease"; the third diagnosed gastric ca-

tarrh with cirrhosis of the liver, due to excessive use of alcoholic stimulants, a statement which so aroused the Hibernian ire

of the old lady that she forced him to soon give way to the fourth, who said cancer of the liver. At this juncture the patient came under my care, and after a careful study of her symptoms my diagnosis was chronic catarrhal colitis and chronic hepatitis, with good prospects for hepatic abscess.

Realizing at the start that the patient and some members of her family were apt to prove meddlesome, both by words and deeds, an ultima-

tum was set forth in which all were given to understand that the physician then in charge was to be in charge in fact as well as in name, and that any interference with the line of treatment would result in a sudden change of doctors. There was to be no trying of "good medicines" recommended by old grannies, or of recipes



RALPH ST. J. PERRY.

taken from almanacs, cook-books, or newspapers; if at any time they did not approve of my little pills they could settle with me and change doctors.

With this distinct understanding I took charge of the case, October 28, at which time there was a temperature of 102°, pulse 110 and not very strong, much emaciation, no appetite, and from ten to fifteen movements of the bowels daily. To control the fever, and for the pulse, aconitine was given every half-hour for a few hours until its effect began to be felt, then once every hour if the patient was awake. To act upon the colon, calcaria carb. and "merc. sol."* were given in alternation, each in gr. 1-1000 doses; and to relieve the pains in the abdomen hot poultices were ordered.

This treatment was persisted in for two days with a moderation of all the symptoms except the diarrhea. On the third day the calcaria carb. was dropped and cuprum ars. gr. 1-1000 used in its place. The next day the steady pain in the abdomen began to "break up," and gave way to a shifting pain, which seemed to jump from one place to another every five minutes; so to overcome this bryonin was given every four hours. After the fifth day there was no pain to speak of, the movements from the bowels were almost normal in appearance and were reduced in number to one or two a day; the appetite was gradually returning and the patient so much improved in every way that she was left to the mercy of her family, with strict injunctions as to diet, rest and exposure to cold. During the next three weeks nothing was seen of the patient; she was kept on cuprum ars. gr. 1-1000 every six hours during that time.

November 24 I was sent for and found an exacerbation of the former symptoms and especially of the liver trouble, the exciting cause being exposure to a severe snow-storm; the old lady having run out bare-headed and with only slipped feet

to house some chickens which had escaped from the shed. To relieve her acute pain immediately a hypodermic injection of morphine sulph. gr. 1-4 was given, and the skin over the liver rubbed with the following: Croton oil ten drops, essential oil of mustard five drops, lanolin one-half ounce. Direct: Apply locally.

Internally she was given podophyllin gr. 1-1000 and merc. sol. gr. 1-1000.

I must state that, in common with many other medical men, I have great confidence in this "soluble mercury of Hahnemann," or the black oxide, as it is known in pharmacy outside of the homœopathic fraternity. During the past fifteen years it has proven of inestimable value in my hands in treating hepatic and intestinal derangements. So far as I know, it is not carried by ordinary pharmacies and can only be secured from the homœopaths; I use it in the form of the 3x trituration, one grain representing gr. 1-1000 of the crude drug.

In a few days the acute symptoms again subsided and the patient was placed on cuprum ars. and podophyllin, to be kept up so long as she continued to improve. She was also advised to keep herself upon a milk diet as much as possible.

At supper time, December 28, there came a rush call to go out and see the old lady, as she was dying this time sure. I found her grunting, groaning and praying, and between her would-be dying gasps she told me that she had overdone the milk-diet business and had swallowed six large glasses of milk in less than an hour. After sizing up one of the glasses it was estimated that about three or four pints of curdled milk were then locked up within her bowels. Palpation over the abdomen revealed large lumps of the curd within the intestines.

To help matters along and to decrease the bulk and solidity of the curd she was given thrice daily a dose of aloin and a liberal allowance of Papoid, in the hope

*Soluble mercury is the black oxide of mercury.

that peristalsis and digestion would soon overcome our troubles. But 'twas not to be; on the third day all the lumps of curd seemed to unite, forming one huge ball, and almost immediately there intervened the acute symptoms of intestinal obstruction. For twenty-four hours I was on the ragged edge; to laparot or not to laparot, was the question, after kneading, massage, electricity, colon-flushings, and all other known methods, had failed to start the ball rolling. The extreme exhaustion of the patient, the readiness of the family to damn in the event of failure and forget to pay should I succeed, and the possibility of a successful issue without an operation, all combined to keep my hands out of her abdomen.

The next day the ball moved over into another kink of intestine and hope arose within our assembled bosoms. Four days we watched the slow migrations of that lump and finally on the morning of January 3 the patient unloaded about five pounds of "cheese."

The next day she insisted upon getting out of bed and going about the house; I objected; we agreed to disagree, and my business interests in the case ceased then and there. My successor told her he could do nothing but make life easy for her and let her die gracefully. The former he did, but the latter the old lady refused to do.

Some six weeks after there was another demand for my services, this time to investigate a "pimple or a bile" which had suddenly developed upon the right side. An examination proved it to be a full-fledged hepatic abscess, which, D. V., was in a position to open externally. A lance assisted nature along, and a short course of calcium sulphide and the merc. sol. soon placed matters in good shape again. At present the patient has the Intestinal Antiseptic (W-A) as a steady diet and enjoys good health so far as is compatible with her erratic habits.

Case 2.—Robert R., age forty-five years.

Sick for nearly two years now; has been accused by different doctors of having consumption, cancer, tubercular peritonitis, and appendicitis; has even been "laid out" for an operation for the latter disease by an overly enthusiastic operator, and only the strenuous objections of his family physician saved the patient's appendix from going into a bottle of alcohol and swelling the surgeon's list of appendectomies. Moral suasion secured a delay and the next day the diagnosis was changed.

When the patient came to me he had cancer of the stomach, was slowly dying of consumption and was suffering from tubercular peritonitis. My examination upset all previous arrangements, as I diagnosed chronic catarrh of the colon with a miscellaneous assortment of troubles in the rectum. In the stools there were large quantities of dried mucus in the form of small yellow and whitish scales, granules and small lumps.

As a preliminary to any other treatment the rectum was put in good condition, piles cured, inflamed papillæ trimmed down and the sphincters thoroughly dilated. Colonic flushings were used daily with an occasional laxative to insure the cleansing of the small intestines. By way of internal medication he was given merc. sol. and the W-A tablets.

Three times a week the faradic current was connected with the metal rectal irrigator so that the current could follow the water into the colon; the other pole being placed over the abdomen, along the line of the transverse colon, the stimulating effect of the current permeating the entire affected surface. In addition to the interrupter of the coil an extra "make-and-break" effect is secured by slipping one of the cord tips out of the socket and instantly replacing it. So marked is this effect that I have seen the muscular contractions jump the electrode on the abdomen clear into the air. A few such treatments help wonderfully to remove the accretions of

dried mucus and to cleanse the intestinal walls of adherent fecal masses. Frequently small quantities of blood are seen after one of these electrical treatments, a tinge in the water or a clot or two in the passages; but no alarm need be felt, as it will take more than a tinge or a small clot to produce serious results.

Having cleansed the colon as much as possible of mucus and feces, I added a Seiler tablet to one quart of water and injected this into the bowel, repeating the application every two or three days. Two or three weeks of this treatment usually place a catarrhal colon in good working order, and the proprietor thereof on the highway to good health; at least that is what it did for Robert R. Since leaving my care this man has made a three months' tour of Europe, and is now farming out in Oregon. He tells me he uses the W-A tablets as a prophylactic when exposed to bowel troubles.

While the first of these two cases was under treatment I was called upon to relieve Mrs. L., aged sixty-two years, who was suffering from acute cystitis. From the history of the case it became manifest that there were other troubles than the cystitis, for she also complained of tenderness in spots over the liver; the area of liver-dullness was increased; sharp lancinating pains radiated from the liver region; that organ felt lumpy and nodular; there was a subnormal temperature, high-colored urine and an abundance of gastric symptoms.

After watching the case a few days a diagnosis of hepatic cancer was given. The patient disagreed with me, and in her choicest German dialect told me she thought my cancer story all humbug. A consultation was held with another M. D., who had been her family physician in years gone by; and after discussing the matter thoroughly we failed to agree and called in a third physician, who would not concur with either of us; but pronounced

it a case of catarrh of the colon. He succeeded in winning the old lady's confidence, took the case away from both of us, treated her according to his diagnosis and cured her! And the worst of it is, he cured her by alkaloidal treatment—a trick he had learned from me through previous consultations.

Thus it is that even the best of us often fail in our efforts to unravel the mysterious relations which exist between symptoms and pathology. Chronic catarrhal colitis is a condition which by its many reflex relations and sympathetic symptoms is easily overlooked and which often leads one astray in the diagnosis and treatment of chronic diseases.

Farmington, Minn.

—:O:—

Now isn't that fine! Where has the specialist on intestinal affections been all these years?—Ed.

INFLUENZA.

By Seth Scott Bishop, M. D., LL. D.
Professor of Diseases of the Nose, Throat, and Ear
in the Illinois Medical College; Professor in the
Chicago Post-Graduate Medical School and
Hospital; Consulting Surgeon to the
Mary Thompson Hospital, etc.

THE prevalence of epidemic influenza at this time renders doubly interesting the subject of its management. Of the



S. S. BISHOP.

three variations of the disease affecting respectively the alimentary canal, the nervous system and the respiratory tract, we will treat now of that form which attacks with special force the upper respiratory tract. Two of the three forms of this affection often are manifest in the same person at the same time, but not the three forms at once, although one may follow the other until the same patient will have suffered from all the varieties during the same epidemic. We have seen this occur. More frequently

the attack spends its force mostly on one system, for example the respiratory, with accompanying irritation or depressing complications in another part, more likely the nervous system.

Indeed, the nervous system may be the first and most distressing, while the respiratory tract may be the seat of the more damaging and lasting lesions. The wide variations and the surprising complications that characterize the grip make its study imperative and fascinating. Its importance has been underestimated. When it first appeared in Paris the effects were worse than any of the three epidemics of cholera during the thirty years preceding 1884. The influenza epidemic of 1891 in Chicago, lasting about six weeks, produced the highest mortality the city had ever known.

The influenza has been officially declared to be epidemic in New York City, it prevails in Berlin, the emperor being one of the sufferers, and many cases have appeared in Chicago during the past few weeks. But it is gratifying to note that its virulency and prevalence during the year just closed have been greatly diminished as compared with the eight preceding years. As a good illustration of this statement we will refer to the reports of the Board of Health of New York City, giving the mortality from influenza for the past nine years: 1890, 314 deaths; 1891, 854; 1892, 495; 1893, 227; 1894, 188; 1895, 567; 1896, 101; 1897, 196; 1898, 58 deaths. Undoubtedly much credit for this decreasing death-rate is due to the medical profession, on account of its increasing knowledge of the disease and better resources for combating it.

Referring now to the present class of cases in which the upper respiratory tract is especially involved, let us consider the most rapidly effective treatment. Many of the patients present themselves with intense headache, backache, slight fever, a sense of great exhaustion and mental de-

pression, tremulous tongue which may or may not be coated and indented, suffused eyes, flushed cheeks, loss of appetite and sometimes nausea. In some cases there are sneezing, nasal stenosis and hydrorrhea. The turbinate bodies are red, sensitive and swelled to such a degree as to occlude a view of the deeper portions of the nasal fossæ, and the inflammation may invade the eustachian tubes and middle ears. This catarrhal condition frequently extends to involve the throat and bronchial tubes. Then the columns of the fauces appear intensely red, and the tonsils may become inflamed, or even ulcerated. Occasionally the epiglottis and the interior of the larynx assume a hyperemic appearance. Some of these cases now under treatment present a mild inflammatory action in the mucous membrane lining the larynx, with small zones of hyperemia of the vocal cords, and the trachea and bronchi are involved to the extent of a mild catarrhal inflammation.

These attacks are best managed by putting the patient to bed, as the first step to insure success in the treatment and to prevent the disease from terminating in something worse—pneumonia. When the bowels are constipated they should be cleared out, preferably with a saline draught. One or two drachms of sodium phosphate will produce excellent effects. These patients often have a uric-acid diathesis, and the soda helps to free the blood of this irritant. If a fermentive process is going on in the alimentary canal the salt tends to correct this, and it acts as a derivative and depletant of the engorged blood-vessels by causing a copious serous discharge from the bowels.

In the event of considerable fever and headache a dose of antipyrin should be given, repeated if necessary. This not only relieves the headache if a sufficient quantity be given, and reduces the temperature, but it does another important thing: It has an especially valuable influence on

any rheumatic symptoms that may complicate the attack. We should not forget that many of our patients are inordinate eaters of meats and sweets, and that the resulting excess of uric acid stored in the body may be set free at such a time and give rise to rheumatic pains and soreness of the throat and muscles of deglutition. Then antipyrin and sodium salicylate act charmingly. It is not an infrequent occurrence to find that the soreness of the throat, and especially the pain in swallowing, are entirely out of proportion to the amount of inflammation discernible in the pharynx. Then palpation of the muscles of the neck, and pressure behind the angle of the lower jaw, may reveal great tenderness. These cases call for antipyrin, salol, salophen and large doses of lithium citrate—twenty to thirty grains a day. This diuretic will carry off the surplus of uric acid by way of the kidneys, and many patients claim that it has a decided laxative effect on the bowels.

If the strength is greatly reduced quinine may be administered in moderate doses, providing that there is no pathological condition of the ears. We should not forget that quinine and salicylic acid produce a congestion of the middle and internal ears, and that a certain proportion of influenza cases are complicated by ear-lesions which would be aggravated by the exhibition of such remedies.

There are certain alkaloids that will afford the patient more speedy and certain relief than any remedies yet mentioned. While the body is being put in the most favorable condition for the elimination of the poisonous principles that originate the disease, and in the best fortified condition for resisting the onset of the attack, by the measures already detailed, we are able to minimize the suffering and abort the attack. We have found that, while the suffering formerly extended over a period varying from ten days to three weeks, we are now able to limit the most serious

symptoms to a few days. I refer to a combination of morphine, atropine and caffeine in the proportion of one-twelfth grain of morphine with 1-600 grain of atropine and one sixth grain of caffeine, made into a small tablet. The morphine relieves the pain and nervous irritability, suppresses the excessive nasal secretion, and stimulates the circulation; the atropine elevates the tone of the blood-vessels, quickens the pulse, decreases all the secretions except the urine, stimulates the respiratory center, counteracts the constipating effects of the morphine, and the caffeine stimulates the nervous centers and the kidneys, and diminishes the tendency of the morphine to provoke nausea.

The consideration of the subject of local treatment will be left for another time.

103 State street.

HABIT IN RELATION TO THERAPEUTICS.*

By John H. Curtis, M. D.

FOSTER'S Medical Dictionary gives the following definitions of habit:

1. The involuntary tendency to perform certain actions which is acquired by their frequent repetition.
2. The external expression of the bodily constitution.
3. The external evidence of latent morbid action, as seen in the phthisical habit, etc.

We are all creatures of habit to a greater extent than most of us realize. We eat, walk, sleep, study and even think, in much the same way each time the process is repeated, and we thus acquire certain fixed habits of life. Sometimes these harmonize with the laws of health, and often they do not. Many derangements of the system, especially functional derangements, are due to the perniciousness of these habits, and the permanent cure of your patient will depend upon your recognition and removal of its cause.

It is a well-known fact that many dis-

*A lecture delivered to the Class in Therapeutics, College of Physicians and Surgeons, Chicago.

orders have a greater or less tendency to periodicity, disappearing and reappearing at regular intervals. Passing over the pathological causes for this, let me say that it is often exceedingly important that this matter be taken into consideration in the treatment of such diseases, in order that provision may be made against the "morbid habit." Thus in ague, the intermittence of the symptoms calls for more or less modification of the treatment every other day, or every third or fourth day, according to the special breed of the *plasmodium malarie* present. Besides these shorter periods, there seems to be in malaria a tendency to seventh day exacerbations, so that the physician will guard against the return of the symptoms in just a week from the time of the last chill or other manifestation.

You have all heard demented persons spoken of as "lunatics." This term arose from the supposition that there was some vague connection between the morbid phenomena and the phases of the moon. The facts are that derangements of the nervous system, more frequently than any other, are prone to observe a monthly or yearly return. Epileptics, who have been so successfully treated that they have not had a convulsion for months, are more liable to a return of the paroxysms at about the anniversary of the last attack. This fact should make the physician especially careful as the critical time draws near, and he should warn the patient against all exciting causes, as well as look after the medicinal treatment, with increased care, until the danger is over.

These cycles are not entirely pathologic, for we find that certain definite variations occur in the normal body, depending upon or associated with, at least, the seasons of the year, time of day, etc. From a practical standpoint the most important of these variations are those which occur within the limits of a single twenty-four hours. There seem to be five periods in

a day, each of which is characterized by some special condition or susceptibility, with the intervals partaking of the nature of both the preceding and succeeding periods.

FIRST. From midnight to 2 a. m. In health this is the period of profound slumber, gland secretion is diminished, the vital forces are now on the decline, and this is the most common time for manifestation of those diseases due to toxemias, such as paroxysms of gout, uremic asthma, etc. It is during this period that nightmare occurs. The breathing is deep and often rather labored, and weakly persons are apt to become much exhausted towards morning.

SECOND. Four to 6 a. m. In health the temperature falls about one degree at this time, owing probably to the corresponding decrease in the consumption of oxygen; vitality is, in general, now at its lowest point. At this time we have the first night-sweats of phthisis appearing, and there is a greater susceptibility to depressing diseases, such as cholera and diarrhea, than at any other hour. This is the hour at which death from exhaustion is most apt to occur.

THIRD. Eight to 10 a. m. In health and in disease this is the period of highest vitality, fevers decline more or less, the nervous system is calmest, pain less severe, and patient most rational. This is the time to feed the patient who is sick with fever. Many asthmatics can only eat well in the morning, an afternoon or evening full meal provoking a paroxysm. The wise surgeon will choose this time of day for the performance of operations that are attended by a good deal of shock.

FOURTH. Three to 6 p. m. During this period fever reaches its height, the maximum being attained at about 3.30. Nervous irritability and inflammatory excitement are apt to be greatest at this hour. In phthisis the hectic fever commences. When antipyretic measures are to be em-

ployed, they are usually so timed as to have their maximum effect during this period.

FIFTH. Ten to 12 p. m. In health this is the time to drop asleep, and as wandering of the mind is most likely to occur just in the interval between waking and sleeping, independent of any pathological condition, it is to be expected that in a feverish condition delirium will now first appear, and will generally be worst at about this time. Therapeutic measures for the relief of this condition, such as the use of hypnotics, will be taken in advance. The majority of epileptic attacks occur at this time, hence we find the physician giving a double dose of bromides before retiring.

Only upon the principle of habit can be explained the fact that many of the clinical phenomena of chronic diseases are likely to be, in part at least, mere perpetuations (by habit) of some acute process out of which the chronic one has grown, the symptom persisting after the original cause of the disease has ceased to be. For instance, chronic ague. Many people who have lived in a malarial district and had acute malaria, find it difficult to get rid of many malarial symptoms even after they have removed to healthy districts, and examinations of the blood show no *plasmodia malarie* present. Depressing influences, exposure to cold, or the onset of any condition which renders the nervous system less stable, are apt to be followed by a characteristic chill which differs in no respect from those dependent directly upon the true malarial poison.

Whooping-cough is a specific disease which runs its course in from three to five weeks. You are all familiar with the peculiar spasmodic character of the coughing paroxysms. After the case has recovered from the pertussis entirely, if the child contracts a bronchitis the coughing will take on more or less of this peculiar spasmodic character, a perpetuation of the

habit formed during the specific infection. In many nervous disorders, and especially in insanity, the chief exciting cause is deranged mental habits. In a person who inherits a weak mental stability, or who perhaps has acquired a neurotic tendency, it is not unusual for an unrestrained imagination to so weaken the will-power as to finally break loose from all control, and develop into a true hallucination; or, the mind may have been allowed to dwell upon one subject, or train of thought, for a long time, and the patient become absent minded, morose, unmanageable, and finally is classed as a monomaniac. The problem of perpetual motion is said to have caused thousands of mental wrecks.

The first object of the physician in these neurotic patients, should be to break up all old and injurious mental habits. This is imperative if a satisfactory result is to be attained. The problem is often a difficult one. Probably the best method is in change; change of scene and surroundings, and these constantly changed, so that the mind will be continually diverted by new external impressions, suggesting new ideas, and driving out the old ones by means of the displacement of them with the new. This means an alteration of the whole mode of life, traveling about a good deal, and never remaining long enough in one place for the novelty to wear off.

Change benefits patients suffering from almost any chronic disease, because it diverts the attention into new channels, and breaks into their habits of constantly thinking of their troubles. It does not make much difference whether the change be from the city to country or *vice versa*, so long as it is a radical change; except in cases of pulmonary or cardiac diseases, when it will be necessary to consider altitude and atmospheric conditions. Insomnia and loss of appetite will often yield to change of surroundings, when other remedies have entirely failed.

In all these cases, except perhaps the pulmonary, it is not entirely change of air or any other one thing, but change *per se*, whose effects we secure. Many a city physician gets credit for relieving some distressing symptom in a patient sent him by some country friend, when in reality the novelty, noise and nuisances of city life have worked the benefit.

In the therapeutic use of drugs the effects of habit are apparent. Almost every remedial agent ceases to have any or has but little effect, if given continuously for a considerable period of time.

The length of time that a remedy continues to be of material benefit differs in different classes of drugs. Drugs belonging to the class of restoratives, as iron, cod-liver oil, etc., being in the nature of foods, are more or less exceptions to this rule, but even these should be varied from time to time. The various tissues, especially the nerves, become so habituated to constantly repeated impressions that finally they cease to react to the ordinary dose, and the remedy becomes useless; but a slight variation in the article employed, or the substitution of one drug for another of the same class, makes it possible to follow the same line of treatment for a long time without diminution of the beneficial results. As an example: in chronic constipation we find that aloes, strychnine and belladonna soon become useless unless we greatly increase the dose; so with salines, rhubarb, etc., but if we give salines for a time, then the Lapactic pill, then rhubarb and colocynth, or cascara sagrada, we can come back to salines or the Lapactic pill, and thus one after the other the changes may be carried out.

If it is necessary to stimulate the appetite for a long period of time we find that any one of the vegetable bitters loses its effects in from three to six weeks; but by changing from one to another, say first quassia, then gentian, then columbo, we

can come back to quassia again, and by keeping up the cycle can maintain the appetite for months.

With minerals, as arsenic, mercury, etc., the use of different preparations affords an easy way of varying the impression sufficiently to prevent complete habituation to their use. Local applications lose their efficacy in from two to three weeks.

The habits of life alter the relations of drugs to the individual. The individual who is habitually exposed to the weather, and does hard manual labor, will require a considerably larger dose of a given remedy than the person who lives a life of indolence, refinement and luxury. The latter are much more sensitive. The individual who has a chronic disease, or who is a chronic grunter, and who is continually taking every drug his friends recommend, will also be much less sensitive to any you may see fit to prescribe.

The constant, habitual use of certain drugs, especially alcohol and opium, will also affect your treatment a good deal. Their withdrawal in the presence of an acute disease, would likely result in the direst consequences.

Time does not permit of a discussion of drug habits at this hour. Suffice it to say that they usually occur in people of a neurotic diathesis, and that their cure must have for a base the breaking up of old associations and the regeneration and development of the moral forces. "No drug ever replaces a moral want or deficiency."

Chicago, Ill.

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We are pleased to present our readers this fine lecture of Prof. Curtis. It contains much food for thought. Perhaps a good many of you feel that you would like to add a postscript to what he says on constipation. The excellent remarks upon the circumstances affecting the dosage show us how great is our obligation to Burggraave for the simple, practical, safe and effective method we now employ.—ED.

INFLUENZA.

By William F. Waugh, M. D.

THE treatment of influenza never survives from one epidemic to the next. Remedies are ineffective at the beginning of an epidemic; towards its end the attacks become milder, and the remedies then employed get the credit. But at the next visitation of the malady these agents fail as completely as their predecessors.



W. F. WAUGH.

Thus it was that camphor won its great repute. Then came the ammonia salts and most of the antispasmodics, including bromides as a matter of course. Quinine has had its trial, and since 1889 tons upon tons of antipyrin and acetanilid have been expended upon influenza.

And the final conclusion of it all may be summed up in a remark of Richardson's, that there is no conclusive evidence that any drug or method of treatment influences the course or termination of influenza. Let us see what the great men say of it.

Wood and Fitz assert that four-fifths of the deaths are due to exposure, the slightest attack requiring rest in bed and careful nursing. In most cases the attack can be greatly mitigated by free sweating, by antipyrin gr. xv, pilocarpine gr. ss, tincture aconite gtt. viij, water one and one-half ounces. Direct: A dessertspoonful, with a ten-minute hot bath at 105°, cover up in bed and give a teaspoonful in a tumbler of hot toddy, repeated in thirty minutes if no sweating occurs. Add morphine gr. 1-6, if needed for pain. If the heart is weak they prefer Dover's powder. Follow with quinine gr. v—x daily, and cocaine and strychnine as tonics.

In gastro-intestinal cases they give opium freely; bismuth and carbolic acid; aromatic sulphuric acid, logwood and paregoric; chlorodyne; with mustard over the stomach.

Pulmonary forms are always asthenic. For dry forms they advise potassium citrate and apomorphine, followed by potassium chloride; with free secretion, eucalyptol or terebene; in obstinate cases, guaiacol, benzoin or garlic. Counter-irritants are always valuable. High fever requires cold baths or sponging, coal-tar antipyretics only in small doses. For heart-failure alcohol, strychnine, cocaine, strophanthus and digitalis, in very large doses if necessary.

Wood is a survival of the race of "whiskey-doctors." The trend of opinion is strongly against the use of alcohol in any form of influenza.

Our English friends are even more archaic. Taylor seeks to relieve pains by sodium salicylate, gr. x—xv, every four to six hours, or antipyrin gr. v—vij; with quinine in all cases during convalescence.

Zuelzer may report for Germany. He advises rest in bed, and mild diaphoretics. Adynamia, especially in the aged, demands cinchona and wine, with stimulant expectorants such as senega, camphor, benzoin, ammonia and anise; morphine, ipecacuanha, ammonium chloride, steam inhalations and counter irritants for cough and pains; nux and tannin for diarrhea; footbaths and mild cathartics for cerebral congestion.

What have the Eclectics to offer for the good of the order? Scudder obscurely hints at an epidemic remedy which he fails to give; makes "the proper sedative" the basis of treatment, with rhus for thin and acrid coryza with frontal pain; bryonia for glairy discharge with tense pain, flushing of right side of face, pain from forehead to occiput; baptisia for discharge tinged brown, mucosa tumid and dusky; phyto-lacca for pallid face, swollen nose, enlarged glands; sodium sulphite for pale mucosa, free dirty discharge; potassium chlorate when the odor is putrescent; belladonna for marked somnolence, dull pain

in nose and head; gelsemium for flushed face, eyes bright and suffused.

Burggræve has little to say upon influenza, but that little is to the point. He gives calcium sulphide for the infective principle and to facilitate expectoration, aconitine and veratrine for the violent continuous fever and quinine arseniate or hydroferrocyanate for the periodical fever.

Castro expands these ideas as follows: The symptoms indicate a toxic condition and the course shows analogy with paludal miasm. The excellent results obtained from quinine indicate it as the dominant. Quinine hydroferrocyanate also soothes respiratory irritation better than opiates. The intolerable headache with photophobia, red conjunctivæ and ringing ears, show cerebral congestion and are controlled by aconitine, which also moderates the fever and slows the pulse. Give one granule every quarter hour or more as needed.

In gastro-intestinal forms he gives a saline laxative to clear the alimentary tract, followed by morphine hydrochlorate, two or three granules every hour, or if not well borne substitutes brucine, same number.

The bronchitic form with dry cough demands calcium sulphide, three granules every hour, with three of codeine until a soothing effect has been secured. For the congestion give digitalin, a granule every hour till the heart-action is regular; for the prostration strychnine arseniate; to secure complete resolution in the old and very feeble, strychnine hypophosphite, one or two granules every two hours; as a lung-tonic and to loosen cough, two granules of apomorphine every two hours; for anorexia quassin and sodium arseniate, a granule each four to six times daily.

Always give the dominant in addition to the variant throughout, even giving the former every quarter-hour for a long time and to the exclusion of the variants if need be.

Abbott gives the following brief outline: Aconitine, strychnine, atropine and Nu-

clein (Aulde) one each every half to one hour till sedation and defervescence; then less often, as needed. Attend to digestion, dropping aconite when the fever falls, atropine when pain ceases, and leave the case on strychnine arseniate, three granules, and Nuclein two tablets, before meals three times a day. Avoid constipation.

The present epidemic has required me to neglect my pen for a week and devote myself to active practice. I have found a singular tendency to gastro-intestinal disorder. In this form I have given a few doses of Saline Laxative, followed up by the W-A Intestinal Antiseptics, a tablet every two hours. For the fever nothing has answered so well as the Dosimetric Triad, aconitine, digitalin and strychnine arseniate, as the tendency to debility is present from the first and the unguarded antipyretics are too apt to induce sudden and alarming collapse. For the pulmonary symptoms, the violent headache and other pains, the Triad has answered well, in combination with hyoscyamine amorphous and caffeine valerianate, a granule of each every quarter to half hour till relief. Gastric irritability has been promptly relieved by silver oxide and cerium oxalate, a granule each every half hour. Delirium is quickly controlled by hyoscine, a granule every ten minutes till effect. As soon as the fever has fallen the pulmonic symptoms become prominent. Sometimes the dry, irritating cough remains, when the zinc and codeine tablet does nicely, followed by Malto-Yerbine, which has done me good service for years. But just now most cases degenerate into a troublesome bronchorrhea, with profuse sputa and evidences of deficient vitality in the pulmonary tissues. Here I have combined sanguinarine and cubebin with much benefit, a granule of each every half hour. In all cases the patient does well if left upon Nuclein (Aulde) one tablet, strychnine arseniate one or two granules and capsicin

one granule, every half to one hour until "braced up," and then enough to keep up this feeling. Some cases require incredible quantities of strychnine, but it should be given in small and frequent doses, otherwise the irritability is exhausted, and sudden collapse or toxic symptoms may ensue. Iron and alcohol seem to be worse than useless. Hydrastine appears to restrain the profuse sweating better than atropine. Of course the feeding is by small and frequent quantities of rich, easily digested food. The new beef preparation, Sanose, has proved very well suited to the condition, agreeing with the most irritable stomach when not given in too large doses.

Wood's remedies for breaking up the attack are too depressing for the cases I am now seeing, but the Saline, Intestinal Antiseptics and Triad do all that is claimed for them.

Ravenswood, Chicago, Ill.

ARTHRITIS DEFORMANS.

By J. D. Craig, B. S., M. D.
Professor of Physiological Chemistry and Diseases
of the Digestive Organs, National
Medical College.

QUERY No. 218, in the September number of the CLINIC, has interested me for a number of reasons, the leading ones being that for twelve years I have come in daily contact with arthritis deformans, for my wife has been a victim of it in an aggravated form during all that time, and I myself have recently had a similar experience to the case reported by Dr. W. M.

It will not be surprising, then, if I say that I have given this disease more than usual study and have tried to learn the cause and arrive, if possible, at some means of cure; for it is a sad and humiliating commentary on medical science in this enlightened and progressive age, when we are obliged to say that any disease in its early stages is incurable.

In discussing this question my remarks will necessarily be of a personal character,

but if I can demonstrate thereby that not only is the disease curable in the early stages, and even when well advanced, I shall feel that my personal matters will have been made useful.

In stating that arthritis deformans is curable in advanced cases, it must be understood that I do not claim that the patients can be restored to their former physical condition, for the ravages of the disease can be no more overcome than "a burnt house can be rebuilt by putting out the fire."

About twelve years ago my wife, who had during a large part of her life been subject to attacks of headache, arrived at the climacteric period, and about the same time she began to have pains in the knee-joints and arms, accompanied after a few months with severe pain in the cervical portion of the spine, with coldness of the arms and extreme sensitiveness of the skin over the whole of the cervical region, extending to the shoulder joints.

When the disease first made its appearance, and before the spinal region was involved, I sent her to the Sanitarium at Dansville, N. Y., where she remained for a number of weeks. The disease progressed with but little hindrance, until inflammation and deformity of the joints became well-marked.

She was afterwards taken to the Sanitarium at Battle Creek, where she remained for three or four months, but in neither case did she receive any appreciable benefit.

In 1893 and '94 the kidneys and bladder became involved so that there was each day a copious deposit of pus in the urine, from the bladder, and her lower limbs became so dropsical that the skin burst in a number of places so that the serum had to be absorbed by bandages. The urine was very scanty, and symptoms of uremic poisoning appeared, so that a fatal termination was confidently expected.

Heretofore she had been fed on the so-

called highly nutritious foods, which consisted largely of meats and meat-extracts, and as she was very fond of oranges, she was allowed two or three per day almost the whole year round.

About this time the deposit that had been going on in nearly all of the joints began to be made in the inferior maxillary joints, so that the teeth were thrown out of line and she was unable to masticate anything hard, and she was therefore obliged to give up the use of flesh-meat. At the same time hypodermic injections of morphine and atropine were given daily, to relieve the intolerable pain she was suffering. This was the first time she had been given anodynes.

From this time the urine, which had varied from 400 to 150 c. c. in twenty-four hours and very light, scarcely ever having a specific gravity of more than 1010 and often much less, began to be voided in somewhat larger quantities, but the color was very decidedly increased, and continued so up to the present. The analysis that was made at this time has been mislaid, but I remember that the amount of urea was very small, and although it is still small, being only 2.80 grammes in twenty-four hours, according to an analysis made a few days ago, it is much larger in proportion, as her body-weight has been reduced at least one-third. She is now, and has been for some time, entirely free from pain and the joints can be moved freely without discomfort.

That this freedom from pain is not entirely the effect of the anodyne is shown from the fact that when she has any flesh-meat in her diet, which is given to her occasionally when she desires it, pains in the joints will usually follow in a few days.

The above case is of no especial interest to the general practitioner, except to show that even in advanced, aggravated cases of this hitherto considered incurable disease, much may be done to alleviate suffering; and it gives a hope that in other

cases not so far advanced a cure may be reasonably expected, provided proper diet accompanies the treatment. And this is further confirmed by my own case, which was an almost exact duplicate of that related by Dr. W. M. in the CLINIC; the difference at the present time being that I have entirely recovered, whilst the doctor's case is taking the usual hopeless course.

The history of my case is briefly as follows: A year ago I began to feel a stiffness and pain in my right shoulder, which increased until I was unable to lie on the right side, and finally in June I could lie only on my back, as the weight of the arm was sufficient to cause severe pain.

There was but little uneasiness when in the upright position except when the arm was moved, and then the pain was intense. Medicines were of no use whatever, and there was no doubt of its arthritic character, but what the cause of it was did not seem so clear for a while, for the reason that I had entirely abstained from flesh-meat in all of its forms, for at least three years.

Further investigation showed that acids prevent elimination of uric acid by clearing the blood of it, and thus throwing it back into the tissues, and that tea, coffee and cocoa all contain xanthine in varying quantities, which when oxidized in the body produces uric acid.

This cleared the matter up at once, for during the greater part of my life I had used acids freely and had drank considerable strong coffee, so that I had been laying up uric acid in my tissues for nearly fifty years and had a pretty good stock on hand.

The treatment adopted was as follows: I confined my diet to cereals, nuts, sweet fruits and vegetables, and for the purpose of experiment left off gradually the use of tea and coffee until they were finally abandoned altogether, and substituted for them "Cereal Shred drink." I discarded cereal foods that did not contain all of the food-

elements just as they were compounded by nature, or had anything added to them, therefore I discarded fine flour and bread made from any flour that was either fermented or raised with baking-powder. My bread consisted entirely of shredded-wheat biscuits, as found on the market, eaten with butter.

Although these biscuits are not intended especially for invalids, and are prepared in a variety of ways and with many combinations, I prefer them in most diseases of the digestive organs in the way mentioned, because they are very palatable to me that way; and they have an advantage that is not true, to the same extent, of any other form of bread that I am acquainted with, and that is that when eaten dry they increase the flow of saliva to a remarkable degree, so that in a very short time liquids at meals can be almost, if not quite, dispensed with, for plenty of saliva is furnished to digest the largest part of the starch while it is still in the stomach.

Weekly analyses of the urine showed that when sweet fruits, particularly grapes that were fully ripe and greens such as spinach, turnip tops, etc., and vegetables, were freely used the elimination of uric acid was increased, and where acid fruit was used it was diminished, and sometimes from the effect of strong acids it was almost entirely absent; therefore acids of all kinds were abandoned. Of course this included vinegar and any food containing it.

No medicines were taken, as experience in my wife's case made me very skeptical of their value in this disease, but Turkish baths were used every few days and abundant exercise, particularly walking.

No special improvement was noticed for three or four weeks, except temporarily directly after the Turkish bath, but after a month's treatment of this kind the improvement continued uninterruptedly until complete recovery was accomplished.

I still take a Turkish bath about once in

two weeks, and continue the dietary as above, except that I occasionally indulge in sub-acid fruits; and I am still eliminating uric acid in the large proportion of 1 to 9 of urea instead of the natural proportion of 1 to 35.

The objectionable articles of food and drink in this disease are as follows, and they are mentioned in the order of their objectionableness. Sour wines, particularly champagne, beer, ale and all fermented liquors, sour fruit and all acids, coffee, tea, cocoa, beef-extracts, beef-tea, liver, kidney, veal, lamb, wild fowl and the flesh of all young animals, mackerel, other fish, and flesh-meat of all kinds.

It is hardly to be expected that the average patient can be restricted to a rigid fleshless diet, and I may say therefore that beef and mutton are the least objectionable, and the fatter it is, and can be digested, the less it is liable to injure.

As Dr. W. M.'s case has the advantage of me in age by sixteen years, I think treatment as above outlined ought to help him out, but he must steer as clear of acids as he would of a mad dog. The hot-air baths are all right when accompanied with a uric-acid-free diet, but without it there is no possibility of its doing more than to give temporary relief.

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I think Prof. Craig's paper will be read with profound interest. Observations by doctors on themselves and their families are especially valuable. Note that he gives a list of objectionable articles, and not of desirable foods. This is right, in that it tends to prevent the limitation of the diet to a few things, and this is doubtless his reason for the omission. The advantages of a careful study of the urine, with the aid of a suitable laboratory and the knowledge of how to use it, can scarcely be over-estimated. It is a key to many otherwise closed doors; it is constantly revealing conditions unexpected even after thorough and painstaking diagnoses.—Ed.

ACETANILID: A FEW QUERIES.

By J. Tracy Melvin, M. D.

THIS remedy has now been before the medical profession for a full decade and today is given more frequently than any other one drug in the entire materia medica, not excepting quinine, and yet in all the literature at my command I have failed to find a single reliable explanation as to *how* it acts.

After administering approximately 20,000 doses per year, in ordinary country practice, it would seem to be high time I was able to give some explanation of its action, but I confess myself to be as ignorant as when I first read the labored clinical accounts by which the German manufacturers introduced it as Anti-febrine. Can the CLINIC give us light?

Permit me to review its physiological effects that all may understand what we are after. Five grains of acetanilid, and by that I would include Antikamnia, Ammonol, Analgesin, and all the scores of other specialties whose base is acetanilid, given to a healthy adult produces a fall of pulse-tension and a general feeling of mental acuteness, with increased flow of urine for the first hour or two, followed by a diminished flow containing excess of uric acid. This is precisely what Haig would explain as due to initial clearing of the blood of uric acid by ingestion of an acid followed by its return and excessive secretion. Has it ever been worked out that such is the case?

Again, combination with small doses of alkali increase its solubility, hence its ra-

pidity of action, but does it not act also by affecting the solubility of the uric acid in the blood? A remedy which acts by virtue of its acid element should not have its efficiency increased by over-neutralizing with an alkali.

In case of migraine its effect is similar. If the patient is attending to his business he only notes a lessened pulse-tension and disappearance of headache, which is liable to return within an hour or two. While under the influence of the drug his thoughts are clear, and even public speaking may be done with credit.

However, if frequently repeated, it rapidly loses its influence, larger doses are necessary and finally it fails entirely. If its effect is due to its influence in eliminating uric acid why should that be?

Again, the migrainous patient is awakened in the still hours of the night by that excruciating sick headache. Five or six grains of acetanilid are taken, and he lies there fairly holding his breath to lessen the pain which the high

blood-pressure is pounding with, in the head and neck; slowly like the ebb of a tide it goes down, down, while consciousness is slowly lost in refreshing sleep. He awakens in the morning as good as new; urine highly colored and an excess of uric acid. But if the attacks recur too frequently the remedy will not relieve. Why? If it is only a question of removing uric acid why not the more the better?

Again, can we justly claim that its marked analgesic and especially its hypnotic effects are due to increased elimination of uric acid? Even Haig would hardly claim such



J. TRACY MELVIN.

properties for all uric acid eliminants. Combined with ammonium salicylate it is almost a specific for all rheumatoid and muscular pains, and retains its power in continued doses for something like a week, and then is useless. Why? Is it split up in the economy and are its effects due to secondary compounds? We should hardly think so from its chemical composition. Does it split up uric acid or other products of metabolism as the CLINIC editor recently suggested? If so how can relief follow within ten minutes of its administration? Why does it not relieve uric acid asthma as it does migraine? I would not weary your patience with the multitude of questions which naturally arise in regard to a remedy so multiform in its remedial effects, but if any rational explanation can be given thousands of physicians would be glad.

Permit a word as to the ill-effects of this remedy. After an experience of many thousand doses, I have personally never seen any of the depressing effects charged to it, but I have often taken the precaution in certain cases to combine a proper stimulant, as I take no chances. Larger doses than five grains I rarely exhibit, nor repeat oftener than once in two or three hours. A certain amount of nervousness is frequently noticed after giving a half-dozen doses. As an antipyretic *per se*, I seldom see indications for its use, since guided by the principles of intestinal antiseptics in typhoid fever and pneumonia. Formerly, however, I often used it without meeting with any alarming depression.

Saguache, Colo.

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Even if its action upon excretion does resemble that of acids, that is no indication of its acid properties. Haig hardly claims that acids alone possess this power, so that acetanilid may increase elimination and still be aided by alkalies. The wearing-out of remedial power by use is in line with all drug-interference with Nature.—Ed.

REPLY TO "MEDICINE AMONG THE ANCIENT HEBREWS."

By F. A. Rogers, M. D.

IT seems to me that the statements made by friend Dr. Epstein, in his article on "Medicine among the Ancient Hebrews,"



F. A. ROGERS.

have been somewhat overdrawn and an interpretation placed upon some of the passages which is certainly unwarrantable. It is perhaps a new idea to some of the readers of the ALKALOIDAL CLINIC, myself included, that anyone should presume to say that the ancients had a chemical knowledge sufficient to dissolve gold and without which knowledge this passage could not be explained. I fear that at the ingenious solution given by Dr. Epstein the calf not only bleats but bellows indignantly.

And really why do we go outside of the internal evidence of the Bible for the manner in which the golden calf was pulverized? Moses in rehearsing Israel's rebellions, in Deut. 9:21, says: "I took your sin, the calf which ye had made, and burnt it with fire, and stamped it, and ground it very small, even until it was as small as dust: and I cast the dust thereof into the brook," etc., showing that the manner of accomplishing this end was by comminution. The three acts there described, it seems to me, give us all the light that we need regarding the "modus operandi." *The burning with fire*, that is melting into ingots or plates; *stamped it*, that is, beat it into thin plates like our gold-leaf; and *ground it very small even until it was as small as dust*, could then be easily accomplished with the hands without erratically supposing that a wooden image coated with a gold paint afforded the only correct solution to this not difficult problem. The word does not say, and I do not know that we must neces-

sarily infer, that the gold was dissolved in the water, nor even held in suspension therein, although in the state of fine dust some of it would be suspended, but it does say, in Ex. 32:20, "ground it to powder and strewed it upon the water." Again, if a wooden calf was made and coated with a gold paint, what is the necessity of the stamping and the grinding there described, since simply burning would have been sufficient for the purpose of powdering it.

I beg to differ with Dr. Epstein in regard to the Hebrew which he quotes in his article. He says that the noun "*yotsouk*," pronounced also "*yatsaq*," is often used in connection with carved images and is the distinct verb for melting or casting. If reference is made to the majority of places in which *yatsaq* occurs it will generally be found to mean, *to pour out*, as in II Kings, 3:11, "poured water on the hands of Eli;" also Lev. 14:26, "priest shall pour of the oil into the palm," etc.; and there are twenty-two other instances I might mention with this same significance. I do not find any instance where this word occurs in connection with a carved image. In I Kings, 7: 16, 23, 30, 33, II Chron., 4:2, and Job 37:18, the Hebrew word *yatsaq* is properly translated *molten*, but in other connection than with an image as, "chapters of molten brass"; "molten sea"; "undersetters molten"; "felloes and spokes molten," and "molten looking-glass."

In the very few instances in which this word is used for casting metal there is no allusion to an image or to carving, as Ex. 25:12, "thou shalt cast four rings," Ex. 26:37, "shall cast five sockets." On the other hand, the Hebrew "*nesech*" (or, according to Dr. Epstein, "*nosach*") means *fusion*, *molten*, with the idea of pouring out embodied in the meaning. I find twenty-six instances in which this word or its derivative "*massekah*" or "*mosechah*" (Dr. Epstein) is rendered *molten*, as Judges 3:4 and 18:14, "a graven image and a molten

image," Isa. 30:22, "the ornament of the molten images," and in these instances which I have just cited, the idea of engraving, ornamentation or carving is certainly expressed in connection with the image. Now referring to the particular instance, Ex. 32:4, I find the Hebrew "*egel massekah*," which properly translated is, *a calf of fusion* or *a molten calf*, not a calf smeared over with gold or any other substance but composed of some substance which had been fused or melted and made into the image of a calf.

Dr. Epstein says that the ear-rings "could not have been of sufficient quantity to make a respectable Apis." What reason is there for making this assertion? Does he not recall the spoils which they brought out of Egypt and of which this may have been only a small part? I can see no possible reason for any one to distort the original and give to it a meaning that cannot be substantiated.

Let us suppose we try to translate *massekah* as Dr. Epstein would have us and as he says, with the idea that it is "never used for melting or casting of metals," but the object must be a fluid. This is the way it will read, "he made it a poured-out (fluid) calf." No wonder the idea like the calf in this condition would run away and disappear. The true meaning of the word *massekah*, according to impartial scholars, I do not refer to the "Christian scholarship parrot" which he mentions, is *molten*, and in every instance that I am aware of is used either with the word *calf*, *gods* or *image*.

Again, in relation to Elijah the Tishbite, Dr. Epstein says, "He was not from a place called Tishbi as the version leads to think, for there never was such a place anywhere," etc. And then he attempts to explain the Biblical statement by attributing a falsehood to the Jews under the cover of pride as the basis. Referring to the Encyclopedia Britannica, an authority as impartial as we can find anywhere, we

note this statement is made in regard to Elijah: "Some have supposed that he was by birth a heathen and not a Jew, but this is an unfounded conjecture so inherently improbable that it does not deserve consideration."

Farrar says: "The Hebrew may mean the Tishbite from Tishbi, of Gilead, or the sojourner from the sojourners of Gilead, and *we know no more.*"

Peloubet says: "The only Tishbi mentioned in history is in Galilee, in which case Elijah, though a native of Galilee had become a citizen of Gilead, east of the Jordan, as many a leading citizen of our capitals originated in some unknown country village of this or other countries."

Calmet says: "According to Adam Clarke, 'Tishbi is a city beyond Jordan, in the tribe of Gad, and in the land of Gilead.'"

Thus the evidence given very largely preponderates on the side of the veracity of the Bible account, and although we may not be able at present to locate upon our maps an insignificant ancient town or city now extinct, yet from this fact no one is justified in the statement that "there never was such a place anywhere."

If any one will read carefully the lives of Elijah and his successor, Elisha, found in I Kings and II Kings, and then can explain the wonderful miracles and phenomena there described by imputing these to animal magnetism, it certainly is of a kind unknown at the present day and brings the Bible account into disrepute. The scene on Mount Carmel, the cure of the widow's son, the restoration to life of the Shunamite's son, the cure of Naaman's leprosy and other instances of a miraculous display of power, will not thus be triflingly dealt with, except it be in the attempt to invalidate the whole history of the Bible.

Naaman's leprosy, which Dr. Epstein would have us believe was only "a local incipient leprosy or elephantiasis, or an

ichthyosis," if questioned at all, must be in the line of confirming a positive diagnosis. Naaman was no insignificant person who had a questionable disease, but, according to Dr. Epstein's own statement, was "a favorite of his king." To suppose in the realm of Syria, where leprosy was common, that a man of such prominence should be pronounced a leper *falsely*, after evidently exhausting the medical resources of his country, is absurd in the extreme. The admitted fact of the personality in this instance is a sufficient guarantee of the genuineness of the disease.

And as for neutralizing the poison of the gourd, whatever it may have been, with meal or "flour," let some experienced chemist tell us how much flour it will take to neutralize a fatal dose of the neutral principle, elaterin, so that the whole of it can be swallowed with impunity.

I think I need not at this time allude to the other instances cited by Dr. Epstein, but will conclude with him that as "all the Biblical supernatural cures have in them a natural part," yet with this conclusion in mind, it does not seem just and fair to me, to so prominently introduce the evidence of this part to the exclusion of the supernatural, that the whole testimony may appear as a farce. Until the Biblical account can be disproven, which has not been done up to the present time, these supernatural cures with their associations stand out as facts, whether we accept them or not.

Chatham, Mass.

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Doubtless doctors disagreed in Moses' time as well as now. But this is a matter each of us can decide for himself. ALI CLINIC readers are doubtless Hebrew scholars, and by referring to the original texts it may be seen who is correct. We trust that Dr. Rogers will favor us with some reports from his X-ray work also, and from his experience with the alkaloïds.—ED.

TREATMENT OF TUBERCULOSIS.*

By L. M. Greene, M. D.

MY object in writing upon this subject is that I am particularly interested in it, and from my experience I am led to believe that more can be done for phthisis than is ordinarily expected by the laity, and possibly by the profession. Another reason is, that it is the most prevalent of all diseases, and the mortality from it is the greatest. Probably about fifteen per cent of all deaths are caused by pulmonary tuberculosis. It is believed and asserted by good authorities that a large per cent of the cases are curable if recognized and properly treated in the earliest stages of the disease. I believe this to be a fact. Failure to diagnosticate pulmonary tuberculosis in its incipency is too frequent, and procrastination at this time is deplorable in its results. Busy doctors are too apt to consider slightly a little cough, which may manifest itself to the patient only after lying down at night, by a tickling sensation in the larynx, and in the morning by a few expulsive coughs and the expectoration of a small quantity of heavy, greenish-yellow mucus, and to prescribe a simple, so-called expectorant cough-mixture.

Often the above-mentioned symptoms are but the indication of a commencing tubercular process in the lungs, which if recognized at the start, before other processes or pathological conditions are added to it, may be entirely cured.

Every patient who goes to a doctor for advice is entitled to a careful examination, or reference to another physician, provided he or she is willing to pay for the same to his or her ability.

In a disease of such great mortality, and one in which so much depends upon the earliest recognition of the condition, the greatest care and painstaking effort should be made to arrive at a correct diagnosis at

once. The means of making a diagnosis of tubercular disease of the lungs are such at the present time that with the requisite care and attention a mistake can rarely be made. The bacillus tuberculosis appears in the sputum very early in the disease. If the disease be present, usually the bacilli can be found as soon as there is any expectoration. Too often they are not found or looked for until symptoms and signs indicate that other processes have begun.

I refer to indications of blood-poisoning from mixed infection. They should be sought in all cases where the least indication or suspicion is entertained of tubercular disease. This can be done by any practitioner who has a good microscope and the necessary patience to learn and practise its use. This, however, is not necessary at the present time, as we have a bacteriological laboratory in the state where all this work is done free. An early diagnosis having been made, the treatment of these cases in their incipency is very satisfactory.

If not seen or recognized until after mixed infection has occurred, then we have something more than tuberculosis to contend with, and the treatment is not so satisfactory; though even then, with persistent effort on the part of both patient and doctor, many cases can be immensely improved and life indefinitely prolonged. It is needless to say that at such a period in the disease our efforts should be directed to removing the mixed infection, as indicated by chills, cough, high temperature, sweating and disturbances of digestion, and thus in a measure bring the disease back to the original condition of simple tuberculosis. True it is that in all or practically all of the cases of *acute* tuberculosis no such results are possible by any means in our power. The first thing to be considered is the general or non-specific treatment, and first I place fresh air and sunshine and plenty of it. This of course implies that

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the best climate attainable be advised. If no change in climate is possible, which is very frequently true, an outdoor life, with proper protection with clothing, should be insisted upon.

Above all, the sleeping apartments should be ventilated thoroughly day and night, and located where the greatest amount of sunshine can enter the room. Pure air and sunshine are the best germicides in existence. Particularly is this true in regard to the bacillus tuberculosis. This idea of thorough ventilation of the living and sleeping rooms, day and night, is generally ignored by our patients and too frequently not insisted upon by ourselves.

The digestive system should next receive attention and the highest possible state of nutrition attained and maintained. This brings us to the question of diet in consumption, and it is a question of great importance, second only to that of fresh air and ventilation. First on the list of foods I place the hydrocarbonaceous articles or fats, and the carbohydrates which are converted into fat in the process of digestion. Milk is the best of the former as it contains fat in a finely emulsified form (cream). The more fat or cream the milk contains the better. Most patients can take milk or learn to take it, or cream which is better. The easiest *pure* fat to digest is cod-liver oil, and it should be taken by all tubercular patients who are able to digest and assimilate it. Most of them can take it in its purity or in an emulsion combined with Maltine, Maltzyme, hypophosphites, etc. The pure oil I give the preference when it can be taken. It should be given an hour and a half after eating as it is digested wholly in the intestine, and if taken when the stomach digestion is nearly finished it passes along into the intestine with digested food, without interfering with gastric digestion. If children were taught to eat fat and foods that make fat, less consumption would be

known. Many and most parents have a holy horror of greasy things for children, likewise of sugar and candy. This prejudice against the very best class of foods by which, if largely made use of by children, and adults for that matter, to the restriction of the heavier nitrogenized articles, a condition of the system would be maintained that would render it uninhabitable for the tubercle bacillus, ought not to exist and physicians ought to inculcate this idea, and preach it untiringly and upon every occasion possible.

Small quantities only of nitrogenized food are necessary, and this is found in beef, chicken, tripe, game, eggs, etc. Mistakes are frequently made by doctors in urging large quantities of nitrogenized food, on the ground that it gives strength and makes blood. It does make muscle, but fats and carbohydrates make blood better, and all the other tissues of the body, including nerve-cells. When a good deal of muscular exercise can be and is taken, more nitrogenized food is allowable. However, if such food is taken in excess, a large amount of nitrogenized waste is produced, which acts as an irritant to the kidneys in their efforts to carry it off, and its presence in the circulation causes headache, fever, loss of appetite, and impairment of digestion, a condition that should especially be guarded against.

Fruits and well cooked vegetables may be made use of liberally. An excellent way to introduce fats into the system is by inunction. Pure olive oil, cocoanut oil or cod-liver oil may with great benefit be used in this way. After a warm sponge bath in common salt solution, the skin having been thoroughly dried by rubbing, a half an ounce of either of the above-named oils can be rubbed into the skin by the nurse or attendant. I find that the best hour of the day for this inunction by massage, is the middle of the afternoon, then if fever be present the bath lowers temperature, and together with the oily

rubbing the patient is soothed off into restful sleep.

In most cases of pulmonary tuberculosis, gastric and intestinal irritation frequently occurs at times during the disease. At such times a rigid dietary must be enforced, with but little food of any kind for a few days. Here the prepared and predigested foods come in well, while the proper medical treatment is being carried out to restore the normal digestive processes.

In some cases small quantities of alcoholic stimulants are indicated and act well, preferably old Jamaica rum. It is good to give it in the morning before rising, well diluted with water and milk, and in some cases at the bed-hour, thus securing a good night's sleep. Quassin, emetin, strychnine arseniate (alkaloidal granules) are most excellent drugs to assist in restoring the digestive functions. As a rule patients suffering from the effects of mixed infection, as evidenced by chills, fever, sweating, etc., have feeble digestive powers, and can not take fats of any kind. In such cases during this period no cod-liver oil should be tried; but the simplest kinds of food, predigested and otherwise, given until the temperature can be brought to nearly a normal degree in the morning.

Constipation should not be allowed to exist, but the bowels kept regular, if necessary by an occasional dose of laxative mineral water in the morning before breakfast, and from one to three Waugh's Anticonstipation granules (alkaloidal formula) at bedtime regularly. The intestinal canal should be kept as nearly aseptic as possible, and this may be done to a great extent by guaiacal carbonate in small doses. The continued small dose is preferable to larger doses, as the latter may disturb the digestive functions. I prefer the 1-6 grain granules once in two or three hours.

Strychnine in doses of 1-50 to 1-25 grain I consider the best drug in all cases of this disease for a general tonic. I am sure the arseniate is the best form and in alkaloidal

granules before meals. I give it in combination, or with Nuclein (Aulde), and believe it or the two together make the most excellent reconstructive tonic we possess. Its primary action is upon the nervous system, and through its improving the digestion and assimilation as no other remedies can. The beneficial effects of strychnine and nuclein in pulmonary tuberculosis may find an explanation in the theory that the disease originates in the nervous system, as held and advocated by Mays of Philadelphia.

Creosote appears to be of much value in certain cases. If well borne by the stomach it improves digestion, and being eliminated chiefly by the lungs, somewhat of its beneficial effects may be due to this fact. It should be given in very small doses at first, and continuously. I believe the benefit it exerts is done through its effect on the alimentary canal, in the way of antiseptis. In my experience guaiacal carbonate in the continuous small dose is better received by the stomach and does all that creosote can do.

If cough is excessive, *i. e.*, more than is necessary to remove mucous secretions, codeine sulphate or phosphate is indicated. It is better than morphine on account of the lesser liability of disturbing digestion.

In all cases of pulmonary tuberculosis I make use of some form of inhaler. I believe in this more for the purpose of inducing perfect breathing than anything else. I generally furnish a simple glass tube four inches long, bulbous in the center and open at both ends. A piece of gauze medicated with eucalyptol, to which a little chloroform is added, is placed in the bulbous portion of the tube and the patient instructed to inhale slowly through it, and exhale through the nose, thoroughly filling and as thoroughly emptying the lungs at each respiration. It can be used from ten to fifteen minutes at a time three times a day to advantage. Unless there is a good

deal of useless cough I do not add the chloroform to the inhalant. When cough is excessive at night, keeping the patient awake, a few inhalations with the chloroform prescription is of great advantage. Doctor Denison, of Denver, has an inhaler and exhaler combined, as he calls it, which is arranged with valves to regulate the time of each part of the respiratory act, thus making it easier and surer to be done slowly and thoroughly. Perfect breathing can not be over estimated, as a part of the treatment of this disease.

For the troublesome sweats that go with a good many cases, I believe strychnine arseniate with minute doses of atropine the best drugs. Very small doses of pilocarpine have been reported to do good in this condition.

I have mentioned but a few drugs in connection with its treatment. There are many which I have not spoken of that may perhaps be used with benefit, but the greatest care should be taken not to overburden the stomach with drugs, and thus add to its already difficult task of digesting and preparing for assimilation sufficient food to nourish patients suffering from a disease, the cure of which depends essentially upon the digestive and assimilative powers.

High temperature is best relieved by rest and lukewarm baths. No physical exercise should be allowed when the temperature is above 102° , but such patients during this time must be kept at rest, though this does not preclude their being wheeled out into the open air and sunshine each day in favorable weather. Antipyretics, so-called, should never be given. The acetanilid group, or coal-tar products, always depress and weaken the heart, and predispose to taking cold. Quinine if given in sufficient doses to act as an antipyretic almost invariably disturbs the stomach, consequently should never be used in consumption.

Diarrhea is best controlled by camphor and opium pill.

It remains to consider the specific treatment of tuberculosis, which consists of the administration of tuberculin as the principal remedy at the present time. The new tuberculin of Koch is the product that is used. It is made from the dried cultures of tubercle bacilli pounded in a mortar, distilled water being added. It is then centrifugalized in a powerful centrifuge, and the deposit dried and treated in the same way, the process being repeated until almost no residue remains. The clear fluid constitutes the new tuberculin. The article as now manufactured by von Ruck at Asheville, N. C., is the same, still further purified by filtration through porcelain, and constitutes purified tuberculin, the dose of which by hypodermic administration is at first 1-10 c. c. gradually increased until 2 c. c. are given. This is administered every other day.

I have had no experience with this treatment in pulmonary tuberculosis, but have with the old tuberculin, in one case of the glandular form and in one of bone tuberculosis, both of which were reported at the State Medical Society in 1895. The results were eminently satisfactory in both cases. I now have one case of the glandular form under treatment, making use of the purified tuberculin of von Ruck.

Several careful and close observers, among whom may be mentioned Denison of Denver, Trudeau of Saranac Lake, and von Ruck of Asheville, are treating the pulmonary form of the disease with this agent and reporting very satisfactory results in many cases. As a requisite to success with it, properly selected cases must be had, *i. e.*, cases in the very first stages of the disease, or if later on, those in which there is no elevation of temperature.

Denison reports several cases in the Sept. 24 issue of the *Journal of the American Medical Association*. It is considered perfectly safe to use the purified tuberculin, no constitutional reaction being pro-

duced by it if given in small doses gradually increased. Temperature should be taken before each dose is given, and about eight and twelve hours after. This care necessitates close attention and observation of the case, and no one should make use of the treatment unless able to devote the time to it. Strict aseptic precaution must be observed in its administration, both in the syringe and needle, and the skin under which it is injected.

To summarize: First, the earliest possible diagnosis. Second, insistence of pure air and the greatest possible amount of sunshine indoors and out. Third, attainment of the highest possible state of nutrition, by proper diet, rest and exercise, with the aid of as few drugs as possible, strychnine arseniate and nuclein being the best. (Cod-liver oil I consider a food. Inunction of this or some other oil when the digestive organs are unable to take care of it). Fourth, pulmonary calisthenics, by systematic inhalation and exhalation each day. Fifth, control of excessively high temperature by rest and cool baths; sweating by strychnine and atropine; diarrhea by camphor and opium pill; excessive cough by codeine and in some cases small doses of alcohol. Sixth, properly selected cases may be treated by tuberculin, but not to the neglect of the above-mentioned remedial measures.

Bethel, Vt.

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There is much in Dr. Greene's treatment that will commend itself to our readers, though we may not accept it all. The point we most object to is the opium for diarrhea. When the sulphocarbolates and iodoform are used as intestinal antiseptics there is no diarrhea, and these agents best control what may occur when they are not given. But besides this, their persistent use prevents infection by swallowed sputa, and this removes a great danger. This is a disease requiring the free use of albumenoids.—ED.

LOCAL TREATMENT FOR GONORRHEA.

By Willis A. Crandall, M. D.

HAVING given special attention for several years to the treatment of venereal diseases, I am satisfied from the very pleasant results I am having in treating gonorrhea, that enough attention has not been given to local applications in that disease.

Some physicians will say, use no injections at all, but give proper internal remedies and leave the disease to run its course for six or eight weeks; considering it a limited affection. Others, believing in the germ theory, begin at once to combat the gonococci with injections, very strong, even cauterizing in effect, only to find the evil results of lymphadenitis (bubo), orchitis, epididymitis, and later on to be followed with stricture, rheumatism, gleet and the various complications the practitioner so often meets.

Physicians who are treating gonorrhea know too well how anxious the patients invariably are to be cured at once; and right here is where I wish to call attention to the local treatment. During the first stage of the disease, or when the discharge has only been running for a few days, you can and should resort to a germicidal injection directly after each urination; and that will be frequent, from the irritation produced by the active inflammation. Now do not use a harsh and irritating preparation as an injection; it will surely do more harm than good. In a healthy urethra the preparation ought not to produce any burning or irritation to speak of, but of course it will and necessarily must to a certain extent where there is soreness from inflammatory action.

In connection with the injection apply a small piece of absorbent cotton around and just back of the glans penis, saturated thoroughly with the same preparation as that injected. This should be changed

three or four times a day while the discharge is profuse. This is one of the very essential points to be considered in the successful treatment of gonorrhea. As the gonococci in the first stages of the disease are within a half or three-fourths of an inch of the meatus, the absorption of the preparation from the cotton will come in contact with the gonococci as they begin penetrating the submucous tissue; and in so doing you will prevent chordee, also any affection of the prepuce. Now with frequent injections combined with the cotton application, you have in a very short time the disease under control.

To apply the cotton, draw the prepuce well back over the glans, wind a small strip of cotton about before saturating, and when well saturated draw the prepuce forward, leaving the cotton just back of the glans under the foreskin. You will be surprised, if you have never given it a trial, to see how rapidly absorption takes place about the glans; and the effectiveness in a marked degree will or can be quickly noticed, even more so than when carried into the urethra. I have cured many cases immediately of chordee with the local method.

There is a proper and effective way of irrigating the urethra, but this having been formerly explained, I will not take the time and space in this article to enter into detail concerning that part of the treatment. I may have occasion later on to explain my method more completely. Abort the disease at once.

139 S. Division St., Buffalo, N. Y.

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Every physician has his favorite method of treating gonorrhea, but your editor knows of no injection so safe and yet rapidly effective as the frequent injection of hot potassium permanganate solution, as strong as can be borne. The measure suggested by Dr. Crandall is a good one and should be adopted. I trust he will give us further particulars.—Ed.

GONORRHEA.

By William McCoy, M. D.

GONORRHEA is a local infectious disease due to the gonococcus of Neisser and is contracted by direct contact with the gonorrheal exudate, but not necessarily always in sexual congress. While this infection is most always encountered in the urethra in the male and vagina in the female, yet I have seen and treated gonorrhea of the rectum, bladder, conjunctiva and anterior nasal chambers.

The gonococcus has been known to invade the general system, but in a very short time localized itself, preferably in some of the larger joints. A gonorrheal urethritis of one month's duration in the male will usually invade the bladder, and the female in a much shorter time.

Gonorrheal orchitis is too well known to require comment. Happily the *vas deferens* is never invaded. If the uropoietic system loses its natural tonicity and metabolic equilibrium, whereby the urine is divested of its natural antiseptic properties, the intravesical infection will rapidly follow up the ureters to the pelvis of the kidney, infecting the same and setting up the most serious gonorrheal complication with which the male can possibly be afflicted.

The most serious complication in the female is the intra-uterine infection following up the fallopian tubes, setting up a gonorrheal pyosalpingitis.

Internal medication in this disease has very little effect on the local affection, except in so far as looking after the patient's health is concerned, and in certain complications which will be enumerated below. The urethral antiseptic wash in acute gonorrheal urethritis, if properly applied, is usually all the treatment required and will destroy the gonococcus in a very few days.

Professor Valentine uses and advocates a method of urethral irrigation, for which

Tieman & Co. have constructed an apparatus which in technique is quite perfect.

The following method, while requiring some patience on the part of both patient and physician, has served me admirably in all acute cases of clap in the male. Have the patient come to your office at least twice a day, use a solution consisting of one part of hydrogen peroxide to three of water, cleanse the glans, the sulci behind the corona, and the frenum, then take a common hard-rubber clap-syringe, using the same solution and gently make intra-urethral injections till reaction with the peroxide ceases, indicating that the urethra is absolutely clean. Then cover the same ground with a solution of one grain of zinc sulphocarbolate to the ounce of pure water. When the urethra is ballooned gently compress the meatus, holding the fluid in for a couple of minutes, and repeat two or three times; after which cleanse the external surface as before with the solution last used.

As the inflammation and tenderness subside the sulphocarbolate solution should gradually be increased in strength to three to five grains to the ounce. Potassium permanganate in the same strength will give good results, but in my hand, has required a longer time to effect a cure. Sulphate of hydrastine used in the same manner and strength has given about the same results as the sulphocarbolate, but is more expensive, besides indelibly staining linen, to the embarrassment of both physician and patient.

Don't inject into the urethra insoluble substances, such as calomel, bismuth, or a combination of zinc sulphate and lead acetate. Don't allow your patient to attempt to apply the treatment himself except where the discharge is copious, when he may be furnished the peroxide solution to be used at intervals between the office-visits, for if you do he will usually fail miserably, to his own great dismay and your discredit. No matter who tells you that

internal medication is the proper way to treat acute gonorrhea, don't you believe it.

In chronic gonorrhea there is always more or less alteration of the mucous lining, such as thickening, constrictions, etc., producing folds and crevices into which the antiseptic solution does not always penetrate. In such cases introduce a solid steel or silver sound, as large as can be borne without much pain or drawing any blood, before each flushing; thereby stretching out the crevices and strictures. As the urethra dilates a larger sound should be used, being careful not to increase too rapidly.

After ten or twelve days if our patient is not far advanced on the road to recovery, we may be assured he has bladder-clap, which necessitates intra-vesical antiseptic flushing. Before irrigation of the bladder is resorted to we should begin giving some kind of a uropoietic antiseptic, and be certain that the kidneys are performing their function. Many uropoietic antiseptics are advertised, the antiseptic properties of which, after passing through the kidneys, exist only in the imagination of the manufacturer. Oil of sandalwood two drops, and the same of copaiba, with three grains of salol, every three to four hours, will augment the flow of urine and render it slightly antiseptic. Methylene blue, grain 1-2, may be used instead of the salol in certain patients where a decided psychic effect is desired, which is usually the case from the deep blue color it imparts to the urine.

The apparatus of Tieman for flushing the bladder is handy and perfect in technique, yet the physician who only occasionally has use for it can hastily and cheaply construct a substitute as follows: Take a piece of glass tubing twelve inches long, bend in the middle to an acute angle, attach to one end a piece of rubber tubing six feet long, place the vessel which contains the antiseptic on a shelf or some suitable support three or four feet higher

than the patient, lay the bent glass tube over the top of the vessel so that the open end projects down into the fluid, converting it into a siphon, close the lower end of the rubber tube by clamping with a pair of hemostats. Introduce a good flexible Irish linen catheter into the bladder and draw off the urine; then draw the end of the rubber tube over the mouth of the catheter and allow the fluid to gently pass into the bladder. When the amount desired has entered the bladder the catheter is withdrawn and the patient requested to retain the fluid if possible for five minutes, which will easily be done after the second or third attempt, when he then voids it as he would urine. A second flushing at the same sitting is always advisable if the patient does not become nervous. I usually use a solution of boric acid, three grains to the ounce, for a few days, then follow with potassium permanganate, beginning with a weak solution and gradually increasing the strength as the occasion seems to require.

Gonorrheal orchitis is almost always due to one or two things: First, violent exercise; second, the use of injections which are insoluble or have a tendency to form a coating over the catarrhal exudate, forcing it to a deeper invasion. An orchitis, producing a local temperature of 104° or more, usually destroys the gonococcus.

It is hardly necessary to state that in a vaginal gonorrhea a much stronger antiseptic and more forcible treatment can be instituted without fear of doing damage. The patient is placed in the dorsal decubitus, a thorough inspection is made and treatment applied according to the conditions, as follows: If the vagina only is infected protect the intrauterine cavity by packing a small piece of bichloride gauze into the external os, swab and flush with peroxide solution, one to three of boiled water, till the vagina and external parts are absolutely clean, then flush thoroughly for several minutes with bichloride solu-

tion, one to two or three thousand, followed by packing with antiseptic gauze, preferably iodoform, which is to be removed in six to eight hours by the patient, and followed with acid chromic, one drachm; alum, one ounce; zinc sulphate, one ounce; dissolved in one quart boiled water. The next day the physician goes through the same procedure and the patient is instructed to use the vaginal wash as stated above, twice a day for a few days.

This procedure carried out is all-sufficient in simple gonorrheal vaginitis, but if the glands of Bartholine are infected, in connection with the preceding treatment, the following is in order: Grind a hypodermic needle to a rounded smooth point, introduce into each duct—which can easily be located if inflamed—pure peroxide of hydrogen till absolutely clean, followed by a two per cent solution of zinc chloride. The second repetition is usually sufficient if properly and thoroughly done.

If the urethra is infected intravesical injection should be instituted at once in a similar manner as in the male. Great care should be exercised not to infect the endometrium; when such an accident does occur no curettage is allowable in the acute stage, but inject daily fifteen to twenty drops of euophen and liquid petrolatum, one part to eight. If the fallopian tubes become infected surgical interference is usually called for. In chronic intra uterine gonorrhea the uterus should be curetted thoroughly and especially the internal os, laying bare the glands of Naboth, followed by bichloride flushing *once only*, followed for a few days by the intrauterine injection of the euophen mixture.

At a meeting of the French Association of Urology held in October 1897, Drs. Jullien and Sibert reported a case of vaginal gonorrhea in a girl of seventeen in whom synovitis, tendo-synovitis, hydrops, myositis, nephritis and meningitis rapidly supervened, with a temperature of 104° —

with constant delirium, followed by a cardiac lesion which terminated in the destruction of the mitral valve. An examination of the blood in this case showed the presence of gonococcus. It seems to me that in such cases, which are undoubtedly rare, calcium sulphide "to saturation" along with supportive and eliminative treatment would certainly be appropriate.

Condylomata or clap-warts quite often alarm the patient, but are of no particular significance in this disease if let alone till the infection is cured. They feed on the discharge, and incision or cauterization, while the infection is on, only has a tendency to increase their growth; and if persisted in, will have a tendency to convert them into malignant growths. They usually disappear in a few weeks to three months after the infection is cured. When they remain longer they may be saturated with fuming nitric acid—being careful not to touch any of the healthy structure—when they will shell out, leaving a slight indentation at their base which soon fills out, seldom leaving a scar. I have purposely omitted the new silver preparations in the treatment of gonorrhea for the reason that while they may be ever so efficacious I do not approve of sending abroad for high-priced remedies, when America furnishes quite cheaply everything that can be desired for the treatment of this affection.

Salt Lake City, Utah.

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We have received many papers on gonorrhea, enough to fill an entire number of this journal, more than we can possibly print. We will select those that advocate methods new, or different from the ordinary—not that they are better, perhaps, but it will hardly be wise for us to publish the advice to use copaiba and sulphate of zinc! Dr. McCoy can except from his condemnation of internal remedies calcium sulphide, whose value is great if given freely. We use 5 to 10 grains daily.—Ed.

HOW SHALL WE PROTECT FUTURE GENERATIONS AGAINST PROSTITUTION?

By T. Brooks, M. D.

MANY brilliant writers are discussing this subject at present, from all points of view.

The greater class, no doubt, are working on the line of legislation, recommending the castration of criminals, imbeciles and incurable venereal patients; prohibiting the marriage of venereal subjects and compelling them to marry those of their own class. It is my opinion that this will accomplish some good, but, above all, I am forced to believe that most good can be done on the lines of moral education. Moral training instilled into the minds of our patients will, in the end, accomplish most good.

Many will say: Such people have little or no morals. I will admit that some have none, but many, if informed of the curse which they will bring upon future generations, will follow the advice of their physicians and delay marriage until the period when there is some safety.

Then here arises the important question: When shall venereal patients marry? The medical world differs so widely on this point that to discuss the subject would make this article too lengthy; but I will mention some points concerning the above question.

I will first take up gonorrhea. The revolution in this disease is simply alarming. No longer is it regarded as a mere trifle, as in years past. Many physicians of our present day will, no doubt, tell their patients to marry in one or two months after all discharge has ceased.

Now this is certainly a grave mistake. Many cases require years, or even a lifetime, before marriage should be permitted. Orchitis, epididymitis, pyosalpinx and various other diseases spring up in swarms, like veritable dragon's broods,

and many eminent men of to-day send up the cry: It is doubtful if gonorrhea can ever be cured. And again: Justice may move with a leaden foot, but will strike with an iron hand. That insignificant little infection, gonorrhea, is found to be followed by a Nemesis of infirmity that makes our very conscience shudder.

To sum up, our conclusion would be that this matter concerns principally the worthless class of women; the degenerate, the idle, the criminal, the mercenary, the shameless and, lastly, those who deviate so widely from the energetic classes—in short, women whom the community can well afford to spare. Now, when these women are firmly in the venereal grasp they are practically prevented from propagating disease during their career, and soon destroyed if they remain in it. Such women seldom marry, and those who do are largely barren, in fact here lies the principal foundation to our future nation, to first render sterile, then rapidly destroy the class of women whose "reform" and child-bearing would be the greatest curse imaginable to our nation. It is needless to spay the prostitute or castrate the criminal; they'll do it all themselves if only given a little time.

Again, you may say that prostitution involves fearful and widespread suffering to innocent women and helpless children. This is true, and as pitiable and harrowing as anything imaginable. But never could a more true statement be made than this: The companion of fools shall be destroyed. This is a simple statement of a necessary law, and one of the highest value to our race.

The only way to check this salacious malady is to reduce to the lowest possible limit the class upon which it is sure (and ought) to act. And the only agent of value is moral education. Educate their morals! Legislation is useless, "regulation" valueless. Awake society to the fact that this class of people do not make the

best life partners, and especially awake parents, who are, for the most part, shamefully ignorant and determined; or as conscienceless in these matters as a slave trader.

Now let's look at the man's side of the question.

We should, above all, foster, glorify, deify, if necessary, the one instinct in man's bosom which can master the sexual, the highest, the holiest, the noblest, the strongest of which he is capable—love for the one who is, or is to be, all the world to him.

Once touch this sacred spot, and he is safe for ever. Well may all, the clearest and deepest of vision among us, the poets, never weary of singing its praises. The age of chivalry should be brought back in nobler, truer form. "Lust laughs at opposition and exults in danger, but sinks ashamed at the whisper of love."

Impress upon a man, not his own danger, but that of his wife that is to be, and of the condition of his children yet unborn, and further make him see that the last insult he can offer to the one for whom he would cheerfully lay down his life, is to make, in the burning words of the apostle, her "members the members of a harlot." Do this, and prostitution will disappear from the face of the earth like the snow before a scorching sun.

Choteau, Mont.

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Dreams, idle dreams! No consideration of religion, of duty, of ambition, of avarice, of pride, of affection, or any other of the motives that appeal to man's reason will avail to prevent man from approaching woman when the resistless force of youthful passion draws them together. Not Antony alone gave up the world for love. The perpetuation of the race seems of greater importance than all else to men who are "built that way." These remarks apply not to man as an individual, not to men as they ought to be according to the

moral standards now in vogue, but to man as a race, as he is, always has been and always will be.—Ed.

A VAGINAL DOUCHE BOARD.

By Byron Robinson, B. S., M. D.

Professor in the Chicago Post Graduate School of Gynecology and Abdominal Surgery, Professor of Gynecology and Abdominal Surgery in the Illinois Medical College, Professor of Gynecology and Abdominal Surgery in Harvey Medical College, Gynecologist to St. Anthony's Hospital, Consulting Surgeon to the Mary Thompson Hospital for Women and Children.

THE utility of the vaginal douche in gynecology cannot be over-estimated. To be of use it must be properly and systematically given. The douche board I



have used some four or five years in various ways until I adopted the plan shown in the accompanying cut. It can be used without legs on a bath-tub, and with legs (some twelve inches long) may be used in any room. It has proved very beneficial and convenient to patients by giving a simple and comfortable method of using the douche. The board is 36x14x1 inches, with a large oval aperture cut in it for the fluid to pass out into the vessel or bath-tub situated beneath. The foot of the board has a cross-bar screwed to its upper surface, while the head end has a cross-bar under it in order to give the board slant sufficient to insure the flow of water toward the tub or vessel. The head-rest is held in position at any angle by two buggy-top joints.

I give the following directions for a vaginal douche:

FIRST. Use a fountain syringe which will hold five gallons of water, with a four-foot head.

SECOND. Begin with three quarts of boiled water at 103° (for married women).

THIRD. Increase the heat one degree at each sitting until it is as hot as can be borne.

FOURTH. Increase the amount of the douche one pint each time until four gallons are taken.

FIFTH. Use the douche in the morning, and in the evening when retiring.

SIXTH. The duration of a vaginal douche should be eight minutes to the gallon.

SEVENTH. The patient should lie on the back with the thighs flexed on the abdomen and the legs flexed on the thighs.

EIGHTH. The douche should be taken on a level plane, the ironing-board serving a good purpose, and not in the bed or on the water-closet.

NINTH. The douche should never be taken in the standing or sitting posture.

TENTH. A handful of salt (Na Cl) and a teaspoonful of alum may be added to every gallon; the salt to prevent reaction and the alum to astringe and check waste by secretion.

ELEVENTH. The vaginal tube used in giving the douche should be sterilized and every patient should have her own tube.

A vaginal douche given according to the above directions will prove to be of much therapeutic value in the treatment of pelvic diseases, an agent to prevent disease and a great comfort to the patient. The effects of the vaginal douche are: 1, to contract tissue, *i. e.*, muscle, connective, elastic; 2, to contract vessels, *i. e.*, arteries, veins, lymph; 3, to absorb exudates, 4, to relieve pain; 5, to check secretion; 6, to stimulate (tonic); 7, to cleanse parts.

The boards are made by Drake & Drake, 299 Ogden Ave., Chicago.

100 State St.

PURE WATER.

By W. C. Abbott, M. D.

IS THERE such a thing as a naturally pure water? When one reflects upon the great, great number of diseases in which the germs enter in the drinking water, the importance of the question is obvious. Cholera and typhoid fever are now believed to enter the human body in no other way. Malarial disease may come under the same rule. The water supply of Chicago is, to the eye, in odor and taste, and to chemical tests, one of the purest furnished to any large city in the world; but the microscopist finds in it pretty frequently the bacillus of typhoid fever. Then the newspapers publish the fact and our citizens, some of them, take warning and boil the water before drinking it. And the country journals copy the interesting item and the impression goes abroad that Chicago's drinking water is so phenomenally bad that the citizens are in self-protection compelled to subsist on whiskey.

The fact is that probably not another large city in America has as pure water as Chicago. The disease-producing germs are there, but people don't trouble themselves to look for them.

And the same holds good for every well, spring, rivulet and lake in the inhabited world. Wherever man deposits his feces the drainage carries it into the water; the germs are there, they multiply, propagate, diffuse and contaminate the smallest and the largest bodies of water alike, until they reach the great salt ocean.

Our newest neighbors, the Celestials, have long since solved the problem. The water of China is universally bad, of a badness rarely paralleled elsewhere. But it never hurts a Chinaman, because he never drinks it—as water. He imbibes it only as tea, scalding hot, and in every Chinese home and shop the teapot stands always boiling, for whoever may enter to

partake. It would be indeed a salutary habit, were we to adopt this custom, though the constant use of tea may not be the best thing for our nervous Americans. Possibly among our indigenous plants may be found one which would better suit us, as coffee suits the Arab, chocolate the Aztec, guarana the Brazilian and maté the Paraguayan.

Before the introduction of tea and coffee, Great Britain drank salop, a starchy, mucilaginous, spicy concoction. But Ireland had a better beverage, in oatmeal gruel; and is still used largely by laborers.

But what of the filter? Can we not by its aid continue to enjoy our beloved ice-water? Filters are good things. They diminish the danger, if they do not altogether prevent it. One need not be a scientist to compare the ordinary water before it passes through a Pasteur-Chamberland filter with the filtered product. But who ever treats a filter properly, or appreciates just what it will do? Suppose it stops every disease-germ—what becomes of them? The filter is not germicidal, and the living germs caught with other organic impurities remain in the filter, grow and flourish there, and make of it a new infection-focus. When saturated with the germs it will contaminate the purest water.

There is no getting away from the dilemma: Drink germs and all, trusting to luck to become immune before they catch on to your insides; or else boil the water before you put it in your Pasteur filter; and boil the latter once a week.

Ravenswood, Chicago.

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Do not expect more from a filter than is just and reasonable. It is much to be regretted that the water still does not come into universal use. The taste of distilled water differs slightly from the ordinary form of Adam's ale, but one quickly becomes accustomed to it. The ideal beverage would be distilled water impregnated with oxygen or carbónic acid.—ED.

SEXUAL HYGIENE.

A REGULAR meeting of the Physicians' Club of Chicago was held at Kinsley's, November 28, 1898, with Dr. John Milton Dodson in the chair. The subject for discussion was sexual hygiene. Dr. Charles S. Bacon addressed the club on

THE EFFECTS OF MALFORMATION AND DERANGEMENTS IN THE GENITAL ORGANS
OF WOMAN ON HER SEXUAL
APPETITE.

By the sexual appetite or instinct we understand not only the desire for sexual congress, but also in its normal development a longing to fondle and to be fondled by the attractive individual of the opposite sex, a longing which may be satisfied by the mere presence of the person or picture or other reminder of its object. This desire for what we might call in the terminology of zoologists courtship, may exist when there is no conscious wish for sexual congress, or even in cases when cohabitation is impossible, *e. g.*, in cases of vaginismus, or in the absence of vagina. It is no doubt true that women are much more frequently satisfied with courtship than men, and it is often the case that they prefer it to sexual intercourse.

Under abnormal conditions the sexual appetite demands an unnatural gratification, such as is furnished by the practice of masturbation and by the well-known, if more rare, practices designated as homosexuality, fetishism, sadism, masochism, etc. In the discussion tonight, however, we have especially in mind the limited use of the terms by which it is synonymous with *libido sexualis*.

Sexual appetite is a physical phenomenon depending upon stimulation of certain brain centers by various factors. Its manifestation may be due to changes in the cerebral circulation, generally of a congestive nature, to abnormal substances in the blood-circulation in the brain, to mem-

ory images, or those called up by the senses of sight, hearing, smell, etc., or to irritating impulses sent from the genital organs. Sexual appetite, a psychic condition, is to be distinguished from the phenomenon of erection, which is of purely reflex nature. The non-genital factors are very important. A great factor in increasing sexual appetite is environment, which includes not only occupation, climate, etc., but also the association with lewd company or the use of lascivious pictures and literature. Environment may also exert a restraining influence and inhibit the development of normal as well as abnormal sexual appetite. These factors, however, will not be considered. Our attention will be confined to the effect on sexual appetite of stimulation proceeding from the genital organs.

The sexual appetite may be increased, decreased, or perverted. The increase includes all degrees from the normal to extreme nymphomania. The decrease includes the stages from normal to absence. Perversion includes homo-sexuality, fetishism, sadism, and the desire for masturbation.

The difficulties in the way of finding reliable data for scientific conclusions, especially concerning the decrease of the normal sexual appetite, are great and not easily overcome. *First*, the subject is a delicate one; and *secondly*, patients are often unable to furnish accurate statements. Cases of increased or perverted sexual appetite are more easily observed, and data more easily obtained. In general, however, we must say that our knowledge is limited to the most obvious facts.

A priori, from the structure of the parts, we should expect that any abnormality of the genital organs either inherited or acquired would cause a change in the normal sexual instinct. The most noticeable anatomical facts are:

1. The abundance of delicate sensory nerve-endings in the region of the clitoris

and bulb, including the end-bulbs and Pacinian and Meissner corpuscles.

2. The abundance of erectile tissue, not only in the clitoris and bulb, but also in the cervix.

3. The free distribution of the sympathetic nerves.

4. These facts imply an intimate reaction between sensory organs and the vascular system controlled by the sympathetic nerves. If the vessels are first dilated by changes in the brain-centers, sensitiveness of the peripheral sensory organs will result from the increased vascularity. If the centripetal nerves are first stimulated, increased vascularity will occur, which will still further increase the sensitiveness of the sensation-bearing nerves. Hence it would seem very probable that changes in the structure of the genital organs resulting in changes in the vascular or nervous mechanism would cause disturbances in the sexual appetite, a conclusion amply confirmed by clinical facts.

Before speaking more in detail of the effect of malformation and derangements, it would be desirable to consider the normal condition of the sexual appetite in the different periods of life, i. e., before puberty, between the beginning of puberty and the menopause, and after the menopause, and also during menstruation and pregnancy. I can give only very brief generalizations.

Before puberty there is no true sexual appetite. It is a fact that the girl shows certain traits or instincts which differ from those of the boy, but as they do not indicate a special desire even for courtship by the other sex, these instincts can hardly be designated sexual appetite. It should be remembered, however, that the period of puberty does not come on suddenly and is not ushered in by the beginning of menstruation. It begins with the commencement of the growth of the genital organs and breast, and precedes by months or sometimes years the first menstruation.

The sexual appetite begins also gradually and synchronously with the beginning of the pubertal changes.

After the menopause it is probable that in the majority of cases the sexual appetite continues for a few years and gradually disappears. It is often stronger for some time than during the menstrual life period, perhaps because of the cessation of the disturbances growing out of painful menstruation. During the menstrual life period the sexual appetite undoubtedly varies in intensity in the same individual, and the variations are cyclic. Yet it by no means follows that these cyclic changes are coincident with or produced by menstruation. The similarity between the phenomena of rutting and menstruation is no longer generally believed in. Menstruation and ovulation are frequently not synchronous. It sometimes happens that there are normally two or more cycles of sexual excitement in one lunaria, like what sometimes occurs in the continent male when similar cycles manifested by two or more nocturnal emissions occur in the same period. On the other hand, the period of sexual excitability may come around only once in two or three months, although the menstruation may be regular every twenty-eight days. There seem to be no data founded upon observation for thinking that the cycles of sexual excitement coincide with those of menstruation. From clinical experience it can only be said that *libido sexualis* varies in different individuals during menstruation. While in some cases it is increased perhaps because of the increased pelvic congestion, or from irritation of the sensory nerves by the menstrual discharge, in the majority of cases it is not only not increased to correspond to the height of the libidinous cycle, but it is diminished because of the pain or feeling of unpleasant pressure which exists at this time, and which has given origin to the designation of *molima*, or time of being unwell. During pregnancy the libidinous cycles may con-

tinue even into the later months, and I think it is not very uncommon that the sexual desire is as strong as during the non-pregnant condition.

Let us now proceed to consider more in detail our subject and take up first the effect on the sexual appetite of malformation of the genital organs. The malformations may be due to lack of development, hypoplasia, or excessive development or hyperplasia. In cases of retarded development it is seldom that one organ alone is concerned. A rudimentary uterus is usually associated with rudimentary tubes and ovaries. Beginning with the ovaries it is very rare that we find an entire absence of these organs, and if this condition has ever occurred, I do not know that any facts were obtained concerning the condition of the sexual appetite. Hypoplasia of the ovaries is not so uncommon. It may be associated with scanty or total lack of menstruation. In two or three cases of this kind there was no apparent diminution in the sexual appetite. Entire absence of uterus and tubes is also perhaps never met with. Cases of disturbed development of these organs, such as cases of uterus bipartus, bicornis, fetalis, etc., are associated with hypoplasia of the vascular system. Yet so far as I have been able to learn, there is no marked decrease in the sexual appetite. In one case of my own, where there was also entire absence of the vagina, this was true. The frequent cases where the urethra is used for copulation in the absence of a vagina seem also to denote the presence of the sexual libido.

While a rudimentary condition of the internal genital organs is not therefore associated with absence of sexual appetite, contrary to what might be expected, yet the case seems to be different when the external genitals are concerned, to say nothing of the *mons veneris*, which is one of the most notable signs of puberty, and which may be rudimentary in cases where the sexuality is little developed. The con-

dition of the clitoris and its prepuce may be more particularly considered, because these parts have been the subject of more study. The only abnormality that I will mention here is the condition called adhesion of the prepuce or hooded clitoris. As is well known, the labia minora divide into two folds, the lower of which is attached to the V-shaped depression in the under surface of the clitoris forming the frenulum. The upper poles unite to form the prepuce. When the free edges of the upper and lower folds are in contact and adhere, the clitoris is completely covered, and here Morris has found that the under surface of the prepuce and its contiguous underlying surface are often denuded of epithelium in patches of greater or less extent. The result may be that the prepuce and clitoris cannot grow and the delicate sensory nerve end organs probably remain morphologically and functionally rudimentary. The *a priori* probability that a state of aneroticism would be associated with this abnormality, Bernardy and others claim to have proved a fact by operating on women who before had little sexual desire and never an orgasm, while they afterwards had much increased sexual appetite and found that intercourse terminated normally.

Morris claims that while in very few negroes the prepuce is adherent, this condition is found in about eighty per cent of women of the Caucasian race. Although slight adhesions are no doubt unimportant, there can be no question, I think, that complete incarceration of the clitoris by a rudimentary adherent prepuce may cause a decided retardation in the development of the sexual instinct.

Another effect of adhesion of the prepuce is the irritation caused by the retained smegma secretion. Sometimes quite large masses may be found. These lead to irritation which may be the first occasion for the formation of the practice of masturbation. As is well known, this

practice often begins in young girls, even in those only one or two years old. Numerous cases have been reported where this habit was cured by releasing the adhesions and removing the irritating masses.

Nothing is known about the effects of the increased development of the internal genitals on the sexual appetite. It is very probable that a hyperplasia of the clitoris, bulb, labia and mons are associated with increase of the *libido sexualis*.

In considering the acquired derangements of the sexual organs we may first consider the effect of removing the ovaries. The removal of an ovary, or the partial removal of both, has, so far as I know, no effect. The complete removal of both ovaries brings on an artificial menopause, and this may after some time bring on a gradual loss of the sexual desire. But the removed ovaries may have been so diseased and painful that all sexual desire was destroyed, and the relief from pain after the operation may cause a great increase in sexual desire. Removal of the diseased uterus or tubes with retention of normal ovaries does not generally, I think, destroy the sexual appetite, but may increase it. Removal of the clitoris for tumor or for any other cause does not always destroy sexual appetite, for the sensory pudic nerve, the chief sensory nerve, is also distributed to the bulb and vulva, yet it no doubt has some effect in lessening sexual desire and interfering with the normal completion of the sexual act.

The most important derangements of the genital organs are those which result from infection, and the chief infection is the gonorrheal. The acute stage of this infection in the woman, if confined to the external genitals and the cervix, is usually short, and may be but little noticed. The soreness about the vulva, with its attendant feeling of discomfort, may cause a temporary aversion for the other sex. Chronic gonorrhea is characterized by two

features, congestion and discharge. If the discharge is not too caustic, so as to cause erosion, it may lead to a constant stimulation to the vulvar and clitoridal nerves and be one of the causes of pruritus. This often leads to masturbation, and in some cases even to nymphomania. Chronic gonorrhea of the tubes with pyosalpinx is generally combined with local peritonitis and is more or less painful, so that the sexual appetite is often destroyed or inhibited. Other forms of infection are like gonorrheal infection in their effects. If they result in conditions like abscess or exudate that cause much pain, they decrease the sexual appetite, but if they cause a mild superficial and local stimulation they may lead to an increased or perverted sexual appetite. The same may be said of other derangements like kraurosis vulvæ, pruritus, new growths, etc. In general, we may sum up by saying that abnormalities, either congenital or acquired, which lead to increased vascularity, not too great and not too painful, increase sexual appetite or cause perverted manifestations, but if they cause pain, they may destroy or inhibit it. Congenital or acquired abnormalities, which cause permanent cessation of menstruation, generally in time decrease sexual appetite.

(To be continued.)

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The remaining papers in the program will be published in the following order:

"The Psychical Correlation of Sexual Desire, Love and Religious Emotion."

DR. GEORGE F. BUTLER.

"The Sexual Act. Frauds in the Conjugal Embrace."

DR. ZEISLER.

"The Results of Sexual Excess or Continence." "Sexual Misinformation and Quack Literature."

DR. W. T. BELFIELD.

"The Effect of Coitus During Pregnancy and Lactation."

DR. A. C. COTTON.

"Sex Problem in Education."

REV. PAUL CARUS,

Editor of "The Open Court."

"Legal Aspects,"

A. S. TRUDE, ESQ.

GENERAL DISCUSSION.

THE SPECIALTIES

Notes upon Surgery, Gynecology, Eye, Ear,
Nose, Throat, Rectal and Other Special
Branches, by the Masters of these Arts

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Your Editors { W. C. ABBOTT, M. D.
W. F. WAUGH, M. D.

PURPOSE OF DEPARTMENT.—To give our readers the benefit of the experience of prominent workers in various special fields. Any reader is permitted to ask questions direct to any department worker whose name is here given and a reply will be made in the next issue of the CLINIC. If "personal" replies are also required, a fee of \$2.00 must accompany the query. We trust that all who have occasion to do so will make free use of this opportunity.

GYNECOLOGICAL NOTES.

By Byron Robinson, B. S., M. D.
Professor in the Chicago Post Graduate School of
Gynecology and Abdominal Surgery.

RENAL DEFICIENCY.

FIRST. Deficient kidney excretion is a
characteristic of gynecologic patients.

SECOND. Constipation in them is general.

THIRD. Skin secretion
is at a minimum.



B. ROBINSON.

The remedy for the
kidney is to drink fluids,
say two to three pints
daily. The constipation
can nearly always be
cured by (a) drinking a
half-pint of water daily,

with half to one drachm of glauher or
Rochelle salts every night; (b) insisting
on the patient going to stool after break-
fast every morning. For the deficient skin
secretion a thirty-minute salt-rub daily
will restore it to normal.

I can vouchsafe for the efficiency of the
above treatment among hundreds of pa-
tients. It is rational hydrotherapy.

VAGINAL EXAMINATIONS.

In making gynecologic examinations do
not use instruments; especially do not use

a uterine sound or even a speculum. These
instruments are for operative purposes.

DANGERS OF CURETTING.

In curettement, dilatation of the uterus
is generally a preliminary operation and
the dilator produces hundreds of infective
atria not only in the endometrium but in
the metrium. A large or small metritic
uterus cannot be dilated without tearing
tissue, producing new wounds for infec-
tion. Curettement is the cause of more
immediate peritoneal sections than any
other operation. A gynecologist of repu-
tation will be able to make a fair living
from the disasters following curettage.

The language which is always indelibly
impressed on my mind is that the general
surgeon and practitioner protests that he
"curetted" thoroughly; which probably
means that he has dragged the uterus so
forcibly downward with traction forceps
that all infective and pus deposits in the
pelvis have broken loose. I have seen
the uterus dragged forcibly to the vulva
and curetted as one would scrape away
dead bone. I knew a celebrated gynec-
ologist who curetted a patient, breaking
loose a pelvic infective depot. She suf-
fered an immediate attack of septic peri-
tonitis, for which an abdominal section

was performed a few days later with a fatal result. Unfortunately the practitioner is liable to repeat the curettement if the first be a failure. He neglects to find the peritoneal exudates that his first operation produced and the second operation is doubly worse in final results. Injury is added to insult and the patient suffers from malpractice. In a dozen years of special labor in gynecology I have found the curette of little utility in cases of endometritis.

USES OF CURETTING.

In the acutely infected uterus the curette is dangerous and only makes new wounds for further infection. The curette is of great value in removing small polypi and fungous growths of the endometrium, in adenoma of the endometrium or incipient carcinoma, when hemorrhage is profuse and the patient objects to a radical operation. With dilatation and carbolic acid application it may occasionally be useful in dysmenorrhea. The curette is an excellent adjunct in operation for extensive carcinoma.

However, it is chiefly the carbolic acid that starts up a healthy involution of the uterus.

I have observed wonderful results from a single curetting, the patient living well for five consecutive years, as she informed me in her letter. A teacher was obliged to quit work and was a wretched invalid for four years, with a hypertrophic uterus and peritoneal adhesion from the left appendages, and curettement had to be performed with the uterus in its fixed position. I decided at first from the extensive pelvic pathology to do an abdominal section, but later discussed the feasibility of trying a curettement. The thorough carbolic cauterization of the endometrium doubtless gave the uterus the new start required for improvement.

CURETTING PUERPERALS.

Immediately after abortion, miscarriage, labor, and in infected uterus, the sharp

curette has no place. Placental debris is better removed by the finger or a dull metal loop. The finger in the uterus is superior and more intelligent than any curette.

I knew a case in which a physician curetted a woman who was pregnant about eight weeks; the patient became more and more ill and was sent to the hospital for a vaginal section. Shortly after entering the hospital she aborted. The curette may easily slide over objects in the uterus which the introduced finger would detect.

CURETTING MYOMAS.

For bleeding myomata the curette is not only useless but dangerous. Myomatous uteri are expected sooner or later to be accompanied with peritonitis and even pyosalpinx, but especially after curettement. It is of value for microscopical diagnoses of uterine scrapings. A very instructive demonstration to show the utility of the sharp curette is to split a fresh uterus open and then practise on the endometrium *in situ*. In many cases only linear fissures, irregular abrasions or solutions of continuity of the endometrium will result.

HOW TO CURETTE.

To curette, one should cleanse the genitals well, evacuate the bowels six to eight times, anesthetize the patient, seize the uterus with traction forceps to steady it in one place, slowly dilate the uterus sufficient to allow a small curette only to pass, as unnecessary dilatation produces infective atria. Draw the curette from fundus to cervix. Irrigate the uterus, and with gauze wound on a sound dipped in carbolic acid cauterize the endometrium three times. After the first cauterization the uterus may require dilatation. Carbolic acid cauterizes to an even depth of surface in the endometrium, while tincture of iodine penetrates to unequal depths, producing irregular necrotic areas.

The uterus should be drained with a rubber tube sutured in position for a week,

or gauze for a few days. A morning and evening hot douche should be employed. The patient should remain in bed for two weeks.

PERITONITIS.

One of the fell destroyers of mammalian life is peritonitis. When a horse is attacked with peritonitis he is not expected to recover. But happily in man the majority attacked by peritonitis recover. Peritonitis ranks as one of the most important surgical conditions on account both of its frequency and its fatality.

CAUSES OF PERITONITIS.

The etiology of peritonitis rests on pathologic microbes or their products. The vicious germs most intimately connected with peritonitis are the colon bacillus, streptococcus and pneumococcus.

Traumatic peritonitis is nothing more than the establishing of a focus of lessened resistance.

The most virulent of all pathologic germs in peritonitis is the streptococcus. If one performs several hundred adult post mortems, he will find local peritonitis of the pelvis in about 80 per cent, about the sigmoid in 80 per cent, about the cecum and appendix in 70 per cent, about the gall-bladder in 40 per cent, and around the spleen in 95 per cent. With the exception of pelvic peritonitis, the other manifestations of peritonitis are due to muscular trauma.

The sigmoid and appendicular region is traumatized by the psoas muscle, the gall-bladder region and that of the spleen by the diaphragm, its crura and the abdominal walls. Muscular trauma on the tractus intestinalis makes a focus of lessened resistance and enables the rapidly multiplying germs or their products to penetrate the muscularis and mucosa, and enter the serosa. The most common cause of grave peritonitis is perforation of some hollow viscus, penetration of the abdominal wall and infection conveyed through the blood.

TREATMENT OF PERITONITIS.

The treatment of peritonitis counts in medical or surgical interference. If it be medical no drug equals opium in full doses sufficient to arrest peritonitis. Rest is the all-important factor. This will corral the infection-atrium. The trouble, however, with opium is that its administration militates against any subsequent surgical interference, for it checks secretion.

After all, it should be noted that all cases of septic peritonitis belong to the domain of surgery. There are two methods by which surgical interference succeeds in peritonitis, viz.: drainage from the intestinal mucosa (cathartics), draining from the serosa (incision). The best cathartics are calomel and salts, administered in small often-repeated doses. The best drain is the rubber tube wrapped with gauze.

EXPERIMENTAL PERITONITIS.

In judging of the phenomena of patients the following experiment (No. 50) speaks volumes. I injected a turtle with an ounce of water holding Berlin blue in fine suspension. Four or five weeks later the turtle died of peritonitis. The autopsy showed an oedematous and intensely vascular peritoneum. In short, the interpreted results were the following:

FIRST. The fine particles of Berlin blue were distributed in the lymphatic vessels of the peritoneum. They collected especially along the numerous pigment cells which aid to mark the walls of the lymph-vessels.

SECOND. Large masses of precipitated albumen could be seen all over the endothelial surface (exudates).

THIRD. The endothelia were desquamated, leaving pits on the surface.

FOURTH. Numerous leucocytes were emerging through the stomata and inter-endothelial spaces. They attacked all foreign bodies, surrounded, imprisoned, sterilized and digested them.

FIFTH. Hemorrhagic peritonitis existed in localities; *i. e.*, thousands of red blood

corpuscles were emerging from the endothelial surface. Also, one might observe along the blood-vessels that leucocytes had emerged in great numbers, for the leucocytes were seen holding particles of Berlin blue in great numbers.

The signification of this terribly destructive process is (a) the endothelium is an infective atrium; (b) the endothelial or peritoneal surface is trying to defend itself by (1) calling out the body-guard, the army of white corpuscles; the leucocytes who are swarming on the surface. They emerge through the stomata and inter-endothelial spaces. These leucocytes may be seen partially through and fixed in the stomata or interendothelial spaces. They come as active soldiers to do battle with the invading host. They act mercilessly on intruders, seizing and surrounding them, imprisoning, sterilizing, isolating and even devouring them. (2) The albuminous exudate pours out in vast quantities in response to the irritant (microbe or its products).

The exudate builds forts or barriers and checks invasion by mechanical means. The battle is never a drawn one: it must be lost or won. It is kill or be killed: the microbes or the leucocytes must be victorious. If the battle between the leucocytes and microbes lasts long, the heaps of slain leucocytes and microbes attest a fierce combat for life. The hemorrhagic peritoneum reports partial or complete victory of the microbe or its product (chemical). The endothelium has become desquamated, loosened in its pitted bed, producing a lesion in the peritoneum, out of which ooze thousands of red corpuscles: the enemy is conquering the territory. The process known as peritonitis—a life-saving process—has yielded to infection which kills. The leucocytes, the body-guard of the peritoneum, are capable of vast resistance. The leucocytes are an automatic standing army, and whatever calls out one leucocyte appears to call out a host suffi-

cient for the occasion. The treatment for such a peritoneum is drainage and not irrigation, which would rapidly sweep the pathogenic microbes and their products to distant fields, entirely out of reach of the mobilized army of leucocytes on the original battle-field. In experimenting on the peritoneum one should not carry the experiment to a severe degree. The less the peritoneum functionates abnormally, the more will the pathologic process be understood, *e. g.*, in severe peritonitis not only are the endothelia desquamated but also the first and most superficial vessels, the lymphatics, are destroyed. Therefore, experiment on the peritoneum with slight irritants, as a watery solution of Berlin blue.

INFLUENZA.

Never give a depressant, even in the earliest stage, without carefully guarding it and watching to discontinue at the first indication of collapse.—W. F. W.

BRONCHITIS OF THE AGED.

The lack of sensibility in the pulmonary mucosa of the aged must never be forgotten. Moist rales with dullness of intellect or the least sign of cyanosis require sanguinarine, to stimulate sensation and cause coughing, ammonia and camphor as stimulants (but never alcohol), high nutrition, and counter-irritants to the chest.—W. F. W.

SYPHILIS.

Never begin constitutional treatment till after the appearance of the secondary symptoms; and be sure that the patient sees the skin manifestations and is properly impressed with their significance. Otherwise he is liable to stop treatment too early and may even insist that he never had syphilis at all.—W. C. A.

DIPSOMANIA.

Asafetida is said to lessen the desire for alcohol and quiet the nerves excited by over-indulgence. Dose, a scruple, repeated every four hours, or as often as necessary. When a man looks uneasy, as if he were "getting ready," give this dose.—W. F. W.



MISCELLANEOUS DEPARTMENT

The pages of this department are for you. Use them. Ask questions, answer questions and aid us in every way you can to fill it with helpfulness. Let all feel "at home." Make your reports brief, but do not sacrifice clearness to brevity. Say all that it is necessary to say to make your meaning plain and convey your ideas to others. We especially urge you to use the space set aside for "Condensed Queries" freely, and avoid burdening your Editors with private correspondence.

ROBINSON'S "PERITONITIS:" A REPLY.

Editor Alkaloidal Clinic:

—In reviewing the December number of my highly-prized ALKALOIDAL CLINIC, I was very much surprised to note the apparently adverse criticism concerning Prof. Byron Robinson's book, "The Peritoneum." The remarks, being more as to the construction, style, arrangement, typography, etc., might have done credit to a rhetorical critic or a proof-reader, while the praise as to the real worth of the work from a medical and classical standpoint of view scarcely received attention.

This attitude toward so important a monograph, being so foreign to the merits of the volume on such a subject and the usual position assumed by the experienced, wise and kindly-disposed editors of the CLINIC, leads me to infer that the article may have passed into the press from the hands of the reviewer without being inspected by them. Byron Robinson and his works have received enviable recognition from many of the most prominent medical journals of this country and England, among which may be mentioned the *Annals of Surgery*, which "recommends that every abdominal surgeon should read the book, which is bound to become classic;" *The Tri-State Med. Journal*, which states, "the style is clear, the treatment of the subject comprehensive and the book is destined to become classic;" the British *Lancet*, which devoted two and one-half

columns to a review of the book, which it describes as handsomely got up, well-illustrated, etc., and numerous others.

Byron Robinson's untiring energy, his advanced ideas on this great, quite generally unknown and as yet unappreciated subject, his abundant and extensive experimental, clinical, and post mortem investigations, have forced his recognition as one of the foremost authorities on this important portion of the human anatomy, the peritoneum. His work is the result of many years of indefatigable labor, and dissections incidental to over 500 recorded post-mortems on the human cadaver, and the clinical experience acquired through the examination of over 25,000 patients.

Could Robinson have acquired this vast fund of knowledge from Gray, who confesses that the knowledge for his gross anatomy was obtained from general investigation of but one hundred bodies, and who devotes less than nine pages to the subject of the peritoneum, and these being only relative to its divisions and its reflections upon the abdominal viscera?

Prof. Robinson has not merely restricted himself to these quite easily discerned points, but delved from the gross appearance and anatomy into its heretofore less known histology, pathology, and physiology, wasting no time in oratorical flights or explanations, but in his own inimitable masterly way, as a result of his own original investigations, research and effort, presents his subject in a terse, comprehen-

sive style which places him high among the great anatomists of the world.

Having intimately known the author for quite a number of years, I myself have often wondered at his persistency in following up this line of investigation, and have marveled at his keen insight and knowledge of this intricate and delicate membrane; and before the issuance of the work I was possessed of the opinion so well expressed in the December CLINIC that "surely it must be a labor of love, for a remunerative market could scarcely be expected; few men being sufficiently interested in peritoneal anatomy to invest in such a work," which no doubt is ten years in advance of the present general knowledge of the subject.

However, such inadequate and restricted judgment as to the desire of the profession in general, for such reliable original research and their appreciation and recognition of the value of such a monograph, has abundant refutation in the fact of the large number of copies sold, the flattering reviews given the work and the personal eulogies expressed to the professor by the most eminent men of America and Europe.

WM. E. HOLLAND, M. D.

103 State Street.

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Let us premise by saying that never in the history of the CLINIC have instructions been given to a reviewer to praise or abuse any book. Reviews are written solely in the interest of the readers of the journal, and if the book is one worth buying the reviewer says so; if bad, it is condemned; if mixed, its good and bad points are plainly stated, so that those who read the review may tell from it whether the work meets their needs. The fact that Byron Robinson is one of the most valued contributors to this journal would not influence its judgment of his book.

But Dr. Holland has misjudged the tenor of the review. The faults of the book are so obvious that there is danger of

their obscuring its value, and our readers are asked not to make this mistake. Byron Robinson is a genius, and never has he shown it as in this great work. But, candidly, a man who has done so much and done it so well, ought to put the results before his hearers in a way calculated to be appreciated.

The expression about Gray is evidently misunderstood. The writer's thought was: "At first sight one is apt to ask if Robinson could not have found in Gray some of the points he has lavished such great exertions upon. But he has not stopped with the authorities, he has gone to the great original documents, to the book of Nature; he has rediscovered for himself these things, and has added so much more that neither Gray nor any other anatomy-writer could afford to now describe the peritoneum without going to Robinson, as an authority too important to be overlooked." That this could be mis-read into a suggestion of blame to Robinson for not going to Gray instead of investigating for himself, argues a less careful reading of the review than our correspondent should have given it before criticizing.

As to the facts of the review, our readers who have the book (and no surgeon can afford to be without it) can judge for themselves whether the stricture was merited or the praise unwarranted.—Ed.

"DR. WAUGH'S BOOK.

Editor Alkaloidal Clinic:—Dr. Waugh's "Treatment of the Sick" has arrived. I am more than pleased with it. It is something every physician should have on his desk at all times.

DR. L. T. H.

—, Mo.

—:O:—

This is a fair sample of the letters that come to us regarding the book in question. We offer it with the CLINIC one year for \$5.00, see renewal order blank in this issue. —ED. A.

ABDOMINAL DISEASE.

Editor Alkaloidal Clinic:—On the morning of October 8th I was called to see Mrs. J. L., a bright-eyed little woman thirty years of age, mother of four children, and a mis. at four months, about five months ago.

I found her with a temperature of 102° , pulse 100, respiration 24.

She complained of pain over the lower bowels, the abdomen decidedly tender over the ileocecal valve, radiating downward and across the whole pelvic area. She was nauseated, complained of inability to vomit. or to raise the wind from her stomach.

She had no chills, she had obstinate constipation and was in the habit of taking some kind of tea, on the night before taking a double portion.

In the early morning her bowels ran off very frequently, with great pain, that caused her to send for me.

She described the stools as being preceded by severe gripy pains, and as very thin and offensive; she complained also of difficulty in passing urine. At times her bowels moved every five minutes; while she complained of pain diffused over the whole lower abdomen, marked tenderness over the appendix, and no particular soreness over any other stated point.

By treatment directed to the appendix she improved slightly. On the third day of her illness her menses began (menstruation had not been regular, and up to this time she had not seen anything for six or seven weeks), and her right knee and shoulder began to swell. I considered it rheumatic, due to absorption from the bowel trouble, and treated it as such. The menses continued for three days and subsided without any unusual symptoms, no clots, no odor, and no disturbance whatever in connection with the flow, however she was very much worried from the fact that she had run over her time, and to satisfy her I dilated the uterus slightly with Ellin-

ger's dilator, and with a slightly dulled irrigating curette explored the uterus. The cavity was normal in depth, the mucosa in good condition, and I was not able to obtain anything that could not be obtained from a healthy uterus after the flow had just ceased, not even an odor, except the alkaline odor due to the mucous secretion. I assured her that she was not nor had she been at this time pregnant. As I could not even develop the slightest tenderness in or around the uterus, I dismissed that question from my mind.

She continued in about the same condition, no better, no worse, the temperature remaining 101° to 102° , pulse at no time above 106, and at all times full and strong. Up to Sunday, the 16th, she had taken milk and light nourishment well. I had kept her on nuclein and strychnine arseniate for a general tonic effect on the heart, and it had continued of good volume up to this date. About five o'clock Monday evening a distinct tumor showed itself, exactly at McBurney's point, and I took pains to have the nurse palpate it with her own hand, and told her of its significance.

At midnight I was called to come as she was thought to be worse. I said I would bring Dr. W., as he had said he would prefer him. On the road to the house I told the doctor the history of the case up to this time, also about the swelling over the appendix; however, when we arrived the swelling had disappeared, and the condition was much better then when I saw her in the evening.

Dr. W. looked her over but said nothing for some time, then he asked me to have her placed across the bed. I could not see the reason for this, but as Mr. L. wished him to take the case when I went away on my journey, I, of course, left him to examine as he liked. Well, I am ashamed to say that I allowed him to fuss with her for an hour and fifteen minutes; he would first dilate the uterus, then scrape it with a curette, then look for something, then smell

his fingers, then the curette, then plunge a wad of cotton into the uterus, turn it around, smell again, then dilate again. He continued this performance for seventy-five minutes. The latter portion of the time I left the room, as I could not stand to see him continue this nonsense. With all this pulling and hauling she only complained of the pain in the swollen joints, and over the appendix. She was put back to bed without any special recommendation to add to what she was receiving. Next day she failed to pass any gas from the bowels, and there was complete paralysis of the muscular coat. I made up my mind to operate on Tuesday morning if she was no better. About seven o'clock Monday evening I was called over the telephone to come and bring another doctor, so I took Dr. C. in my buggy, also my instruments, and went to the house. After my arrival at the house, I was giving Dr. C. the history of the case, when I was informed by Mr. L. that he had called Dr. F. to take charge, and that he had done so without letting me know of it, and that the neighbors had called me. Of course I was much surprised at his action, also at Dr. F. taking the case in such a manner; however, I waited until Dr. F. made his examination, asked him a few questions and then left the case in his hands. He immediately took her a mile in the damp night air to the hospital, and made some kind of an operation, and the patient died forty-eight hours after. Remember, up to this time the temperature had never been above 102.5°, pulse 105 and of good volume.

Will you publish the case and ask for diagnosis, with comments?

E. A. CRAIN, M. D.

Great Falls, Mont.

—:O:—

Without the result of the operation it would be difficult to give an opinion. There was fever before the curetting, and not more following. It may have been appendicitis, extra-uterine pregnancy or pelvic

abscess. An exploratory incision seems to have been indicated when the thorough uterine exploration failed to locate the disease. I would like to hear from the other physicians connected with this case.—Ed.

SUGGESTED NOTES.

Editor Alkaloidal Clinic:—*Quid pro quo* is a good motto for medical magazine writers. I get valuable "pointers" from the "ALKALOIDAL"; why not reciprocate—if the editors approve?

I have been greatly troubled for some time with fermentive intestinal dyspepsia. What was suggested? My attention being called to the W-A Intestinal Antiseptic tablets, I ordered and used the same with, I am happy to say, very beneficial results. They are, as I believe, the best preparation of the sulphocarbolates. Their effect being somewhat astringent as well as antiseptic, an eliminative was suggested; and here Abbott's Saline Laxative came in. It is truly an "ideal" agent. What a change in practice has been wrought in the last ten years! Look at a dispensatory of a date in the '80's, and you will scarcely find the sulphocarbolates mentioned as internal remedies; now who would like to try to get along without them? And this is but an example.

May I suggest an amendment to item "6" in the editorial article on "Pneumonia" in December number? To read: Apply a larded cloth to the chest sprinkled with the compound powder of lobelia and capsicum. Adopt this amendment, and you will forsake mush-jackets and "flap-jacks."

This is the season for croup. Provide yourself with stillingia liniment. Then when called to any case of spasmodic croup, give a drop or two on a lump of sugar as often as spasms threaten to occur; at the same time applying some to the throat externally; keep the little sufferer wrapped up warm, and you will usually have done all that is indicated or needed.

Have you an obstinate case of "gleet" on hand? Try sanguinarine nitrate (I see the Abbott Alkaloidal Co. furnishes it in convenient form) internally in connection with your local treatment, and report results. If they correspond with mine, you will feel well repaid.

The advertisements form an interesting part of both our medical and popular magazines. I always read them. The two-page adv. of Frank Betz in the December issue forcibly recalls the days of a dozen years ago when we were associated in hospital work in Minnesota. Frank displays the same energy in his present business that he showed in another line, and the result is that now, as formerly, he "gets there."

Apropos of the talk of "Palliative Treatment for Hemorrhoids," indulged in by some of your writers—it occurs to me to say that the same is good if you can't do any better. But fortunately *you can*.

Shakespeare says: "The play's the thing"; in some sections they consider *gun-play's* the thing; but in hemorrhoids, peaceably and medically speaking, *hypodermic injection* play's the thing. But *not* with carbolic or other acid, neither with thuja, ergot or other aqueous solution, for they are all painful, escharotic and uncertain. Your patients have a right to expect a radical, permanent cure at your hands by the better means in these enlightened days.

The mention by Dr. Leachman and the editor, of John M. Scudder in the last copy of the CLINIC, touched a warm spot in my medical heart. I sat under that great man—for so I considered and consider him—when taking my graduate, as well as my post-graduate course in medicine. And, in common with thousands of others, I share the good opinion expressed in the CLINIC's pages.

Shall we not say a good word for our benefactors? The Resinol Chemical Co. I consider among mine. At one time in

Texas I was severely afflicted with papular eczema, as a result of Red River malaria. I about exhausted the pharmacopœia; my relief was finally due to Resinol and Cascanata. They are darling remedies.

But I will "saw this off," lest Editors Waugh and Abbott saw the limb off and I fall with it.

WILLIAM DANA, M. D.

Knoxville, Tenn.

—:O:—

Dr. Dana's racy article is hard to classify but will be read with interest. Adopt his reciprocity platform and give us these shelled kernels, shirt-sleeve notes, without the starch.—ED.

MATERNAL IMPRESSIONS.

Editor Alkaloidal Clinic:—Dr. Bayer's communication in the December CLINIC has been read by me with greatest interest, and if it were permissible for a woman to cross words with the learned doctor, I should come out boldly, and from simply the standpoint of a mother try to prove that there are at least two sides to the subject under discussion. Dr. Bayer truly says: "Every effect is the result of a cause: it does not merely happen so;" but when he quotes Krafft-Ebing and mentions other given cases of precocious sexual manifestations, and then proceeds to settle them all on the basis of maternal sensuality, to my mind he far overleaps the mark and is no longer logical or scientific.

It may horrify good Dr. Bayer, but if the case of the wife who desired to fondle her husband's privates was one of abnormal sensuality, and its logical result was the fondling of his own privates by the child born to her, then why is it that, in the ninety-and-nine other cases where the wife has exactly the same desire (it being no more abnormal than the desire of her mate to fondle her), we find no such sexual manifestation in the child?

Doctors as well as other people must recognize the established fact that in the

marital relation there are as many manifestations of conjugal love as there are different temperaments. To the cold, unsexed without-desire female the thought of touching her mate would be almost a bestial act, while the woman glowing with ardent passion, called into being by the embraces of her other self, yields to the impulse without a conscious thought, it being but one more expression of the sexual love which from the beginning of the world was ordained to make the two flesh one.

As a matter of fact I can state it to be well-authenticated that the normal female—would there were more of them—is prone to just such manifestations as the male; and a child might as sensibly be said to be abnormally fond of kissing, from the young mother's pleasure in osculation before its birth, as to put down a babe's handling of its privates to the love-act of an ardent woman.

Along this line my own experience may be of weight. When my youngest boy was a babe of about six months, and still at the breast, I was troubled to find a way to keep his little hands from straying, and no matter how carefully the diaper was pinned, he still found a way to put at naught my maternal efforts. On consultation with a lady friend, she expressed it as her opinion that the baby's abnormal action was the direct result of my having had sexual congress with its father all through pregnancy, as against the set rules to the contrary fixed for all men and women, by those poor misguided folks the Alphites; who, knowing no sexuality, still believe themselves competent to set up as immutable a law as that of the Medes and Persians.

I will confess I was somewhat troubled in mind, knowing that many women would think as my friend did, and also conscious that both my husband and self were happily possessed with normal sexuality, stimulated by perfect health, love and

physical adaptation; which possibly *might in combination* have tended to over-stimulate the sexuality of our little one.

In my dilemma the doctor was called in, and gave it as his august opinion that the trouble was chafing; and that nothing was necessary but to keep the babe well washed and powdered. But this on several weeks' trial proving to be of no avail, a second practitioner was called in, and to him I unfolded my tale of woe. I can well remember his fatherly smile when I confessed tearfully that I feared my own warm Southern nature had been at the root of the trouble, and can still recall his hearty laugh and his words of cheer, to the effect that any child was blessed to be "born of a whole woman."

A thorough examination at last revealed the cause of the manifestation; the babe's foreskin had grown fast to the member and a cheese-like substance had formed within the folds, which occasioned the irritation which had resulted in causing the little hands to stray. A cutting operation was necessary and several months elapsed before it was thought best to cease from pulling back the skin and washing the parts every morning, after which I powdered in a medicament as directed. No further trouble has ever been experienced, and as this small boy is now a lusty twelve-year-old, who has never had an infantile or other disease up to the present date, I feel confident that in spite of his mother's abnormality, in spite of his having had two live parents, he is as fine a physical specimen as any pair ever produced, and the possessor of a hale and vigorous sexual constitution that will some day, I hope, be the cause, and from which will result, perfect progeny of which I shall be the proud and doting grandmother.

One word more and I am done. Apropos of the other case cited by Dr. Bayer, where the wife whenever the husband entered the house would beg and coax for coition, and whose child showed the same pre-

cocious sexual tendency as in the other cases quoted: Last winter at a parlor meeting I was giving to some twenty mothers, at which time I discussed the much-mooted question of marital connection during pregnancy, a little lady came out boldly and advocated "perfect chasteness" and "complete purity," saying every true mother would deny her *lower* nature to insure the spirituality of her child. But unfortunately for her argument, later on she stated that to keep her own unborn child from being a meat-eater she had abstained from eating meat, but the result of all her labor had been to stimulate the child's craving for this very diet she had desired but abstained from.

As a matter of fact I know personally of two cases in which the unsatisfied sexual cravings of the over-wise mother have had the same result, an over-stimulation of the whole sexual machinery of the child. So let Dr. Bayer tell us if it would not have been more wise in the husband, who had to be "begged and coaxed," to have satisfied his pregnant partner without any such solicitation, and so frequently that she would have no unsatisfied desires. All pregnancies of my own have differed (while all my children are sons), and from personal experience I know that the sexual impulse is sometimes stronger during gestation; and when such is the case it cannot but be against nature herself to deny the mother the satisfaction her condition requires. Lest I have horrified you by my plain statements, let me add that I have two fine boys, aged respectively sixteen and eighteen, who are whole sexually and who have never "known woman," having been taught to know the danger of illicit intercourse.

—O:—

Where's the man who said women were illogical? A more complete refutation we have never seen than that of the woman who would not eat meat she craved and transmitted the craving to the child.—ED.

MATERNAL IMPRESSIONS.

Editor Alkaloidal Clinic:—I received the December CLINIC yesterday and read most of the articles last night. What I like so much about your journal are the editorial remarks at the foot of articles. This seems to give the view of the subject, as it were, from both sides, and is about as good as a discussion on the matter.

"Maternal Impressions," by C. J. Bayer, and your remarks on it, were of special interest to me. Allow me to make a few remarks on your own critic: Conceded that there are no nerves in the umbilical cord, it remains possible that thoughts or impressions can be conveyed from the mother to the child. This "psychic force," the existence of which you claim the privilege to doubt, does exist. We cannot deny any more the possibility of thought communication between two minds without the use of the senses, although how it is done is still unknown to us. But the facts of such communications exist, as the observations of everyday life reveal them to us.

You rightly remark that this potent influence does not exist during the sexual act, because conception in most cases not taking place then, the mind or soul of the child does not yet exist. You ask when does this influence begin? As soon as conception occurs, as soon as another individual, although embryonic, is brought into existence. According to modern physiologists the soul informs its body, the soul begins to exist, from the first moment of conception. Then we have two individuals with two independent souls, and the mother is well able to influence the soul of the child. How this is done we do not know, but if both souls exist independently of the body, which is the case, then they must have the faculty to influence each other in some way.

The study of these things is very interesting, and it seems that the general public is very well aware of the in-

fluence of the mother's mind, and also the father's mind, over their child before it is born.

As to expected and predicted marks, etc., I believe we have to go a step further. Perhaps they are produced by the child's soul upon its body, after being suggested by the mother. But perhaps also they may be produced by the mother directly. It seems to me certain that the human soul has the power of acting upon and influencing in some way, matter, which is outside of its body. The spirits, good or bad, can do so, as the Bible tells us. Why should not the human spirit, the soul, have the same power? I have many facts of personal experience proving the assertion, and think many very mysterious phenomenon can be explained by admitting that the soul can act upon outside matter. The field of psychic research is great indeed and interesting for the physician who deals with the body, the instrument of the soul, of great value.

L. F. SCHLATHOELTER, M. D.

Moberly, Mo.

—:O:—

Quien sabe? There are more things in heaven and earth than our philosophy hath ever dreamed of. But between the elegant framing of hypotheses and even the admission of their possible truth, and their irrefutable, logical proof, there is a wide gap. And in that debatable ground we take our stand, ready to be convinced, but accepting nothing but proof we can cognize.

Our readers will be glad to know that Dr. Schlathoelter's work on "Hypnotism Explained" is soon to reappear in a second edition, revised and enlarged.

Meanwhile we thank him for courteously including the father in his list of influences upon the future child. The unfortunate male parent is usually looked upon with disdain in such matters, and any attempt at self-assertion on his part met with deserved contempt.—ED.

ACONITINE. COUGHS.

Editor Alkaloidal Clinic:—Dr. Abbott speaks of giving aconitine by Shaller's rule, but in double the dose. Was this intentional?

For cough I find a combination of potassium bichromate and apomorphine, with codeine, or for children the Infant Anodyne, very satisfactory; especially for the hoarse, grippal coughs so frequent at present.

N. H. ADSIT, M. D.

Succasunna, N. J.

—:O:—

We frequently give aconitine in double Shaller's doses, to large, robust children, but the dosage given was not intentional. Shaller's rule is "O K."—ED. A.

MATERNAL IMPRESSIONS.

Editor Alkaloidal Clinic:—Isn't it remarkable how widely great minds differ even though the evidence be ever so conclusive? It seems, from the article in the CLINIC, that the Iowa physicians alone know anything for sure on the subject of maternal impressions. Even they disagree.

Dr. Bayer's cases are certainly convincing, especially the case of the fondling mother. I wonder if the pre-natal influence did not determine the sex of this child (since it is a boy). If this could be proven it certainly would be a boon to motherhood. Please request the testimonials of others on this subject, as boys are in demand in this community.

I would suggest to Dr. Foley's friend to put a diaper or a pair of closed panties on the baby. It has been my observation that twelve out of a dozen children allowed to go without such articles of wearing apparel are addicted to the habit of toying with the genitalia. 'Tis true my observations have not been made to the extent of careful inquiry regarding the mother's inclinations during gestation, and if I had and they all confessed to belong to Dr. Bayer's class of fondling wives, it would

certainly remain a coincidence that the children of such mothers do not wear panties. The case of the farmer's wife: I wonder how the mother (or perchance the fond father before the mother was able to walk the floor with her wakeful infant) discovered that if the babe's diaper was removed so it could get its little forefinger in its vagina it would hush and go to sleep. I wonder what the little fellow would have done had it been a boy, and what then would have been the maternal impression. Editor, please request more testimonials along this line—it may mean bankruptcy for the manufacturers of Mrs. Winslow's Soothing Syrup.

J. A. SPECK, M. D.

Coin, Iowa.

—:o:—

Evidently Dr. Speck does not consider the cases quoted as decisive. Proof requires that the phenomena can only be explained in one way, and I see nothing but inference so far. But perhaps some of our multitudinous readers can supply proof.—Ed.

THE EAST NOT ALL EFFETE.

Editor Alkaloidal Clinic:—I have thankfully received the November number of the CLINIC. Permit me to express my sincere appreciation of your most excellent publication. I am not ashamed to say that I was ignorant of the existence of such a valuable journal, full of such gems of medical thought. To my mind you have founded medical journalism on a most rational basis, where it can be most serviceable, especially to the young members of the medical fraternity.

Your paper was a revelation to me of what a medical journal should be in guiding its readers over and through the thorny paths of medical practice. Most of the medical journals are full of subjects of but scientific or remote interest, subjects fully and ably treated in our text books.

We, the younger members of the profes-

sion, needed a paper which would and should tell us what to do in actual practice, and this your paper does admirably. It is the only paper I have read from the Genesis to the Revelation with an increasing interest and often exclaimed, "I wish this article was longer!"

Now, gentlemen, I am a perfect stranger to you, and I have given expression to my thoughts as I have, simply because I have felt compelled by conviction to do so. I have no intention to flatter you, but simply congratulate you for your success in giving the profession such an able production of ripe medical thought.

Please put my name on the list of participants in the feast of the CLINIC, for which you will find one dollar enclosed.

H. S. JELALIAN, M. D.

Lawrence, Mass.

OBJECTIONS.

Editor Alkaloidal Clinic:—I received your premium case together with "Therapeutic Notes" and sample of December CLINIC.

My attention was first directed to alkaloidal treatment about a year ago by my brother, and I confess that when he showed me his little case of granules I could illy conceal my contempt for this juggling with Homœopathy, as I designated it.

He claimed, however, to be juggling diseases (a new term to me), instead of juggling with Homœopathy, and was enthusiastic in his praise of the method. I was therefore partially disarmed of my opposition and prepared to look into the merits of the Dosimetric system on receiving a sample copy of the CLINIC in November.

Fairness compels me to say that I have been much impressed with alkaloidal medication, and am "almost persuaded." I am not prepared to say that all the virtues of all medicines reside in the alkaloids, for my observation and clinical experience has seemed to point otherwise in numerous instances: but when one considers the great

lack of uniformity in crude drugs, I do not know but that specific doses of the alkaloids more than compensate for some of the lost virtues.

This thought, however, obtrudes itself upon me, why didn't an "All-Wise Providence" furnish us with the alkaloids with the "dirt left out," instead of growing so much useless rubbish?

I am making an effort, however, to overcome these pessimistic ideas, and to get in the procession and keep up with the march of progress. In fact, I feel better since that declaration, and would not be a bit surprised or skeptical, if I should be informed that some one had succeeded in extracting the active principles of our food-supply, so that we can carry a week's rations around in our vest pocket.

Haven't some of the medical profession almost discovered this already? But, seriously, the principal objection I see to the alkaloidal method, is, first, the expense; second, that the average patient can have but little faith in such infinitesimal dosage; third, the difficulty in dispensing in boxes or bottles commensurate with the size of the granules, and yet have room to write the directions; fourth, the numberless doses and many different kinds of medicines recommended in the various diseases; fifth, the impossibility of remaining (only in exceptional cases) to watch the action of the alkaloids, and the great uncertainty that the attendants will be able to understand the physiological effects desired, or attend to the administration of so many different kinds at such frequent or irregular intervals as seem to be required.

Remove these objections and I will be "entirely persuaded."

C. F. GILLIAM, M. D.

Columbus, Ohio.

—:O:—

The objections are frankly stated and deserve as frank a reply.

1. The expense of alkaloids is a matter entirely secondary to that of their utility.

The best means we have of treating the sick are none too good. But in fact, when we consider the rapid action and speedy cures, the alkaloids are not as expensive as the older drugs. I suppose quinine costs more than cinchona bark, but we could not induce our patients to go back to the ounce doses of the latter.

2. My experience has been just the other way. Patients always have more faith in what the doctor prepares with his own hands, and the little pills are soon received with some awe, when their effects are felt.

3. Some dispense in solution, others in capsules, still others put each kind of granules in a separate envelope with directions written on it. If I have to give more than two or three kinds I prefer to put the day's dose of all in a glass of water, unless there is one to be stopped on effect, which I give separately. Don't give so many as to cause confusion. Order for leading symptoms and leave the others till next day. This answers the fourth as well.

5. Don't wait. Tell the nurse what to do, see that she comprehends, and then go home and to bed, *sure* of what you'll find next day. This is the keynote of Dosi-metry.—Ed.

PRURITUS ANI.

Editor Alkaloidal Clinic:—Enclosed find one dollar for which please send me the CLINIC. I need it in my business. I take other journals but must have this one. It is unnecessary for me to praise this journal for it speaks for itself. When I fail to send my dollar it will be when I cannot collect one to send.

One of the brethren asked for treatment for pruritus ani. Let him try menthol gr. xv, calomel one drachm, white vaseline one ounce; applied three times a day.

Wishing the CLINIC long life.

E. M. C.

—, W. Va.

DYSENTERY. JUGULATING TYPHOID.

Editor Alkaloidal Clinic:—A man, fifty some years of age, subject to dysentery. I was called after forty-eight hours of intense suffering, from malaria, headache, chills and fever, aches and pains all over, especially marked in limbs; with small and very painful, bloody mucous discharges, thirty-six in twenty-four hours. The tenesmus was intense.

I prescribed for him six little pills of calomel gr. 1-6, every fifteen minutes until exhausted, followed in half an hour by a saline; which acted admirably, causing the removal from the bowels of an enormous amount of lumpy fecal matter. One hour after the saline bismuth subnitrate salol and Dover's powder were ordered every four hours, and zinc sulphocarbolate gr. ii, half way between.

The patient had not taken the third powder when the passages had ceased entirely, and was absolutely well within a few hours. Another victory for intestinal antiseptics.

What better method for the jugulation of continued fevers could one ask than the alkaloidal principles? I have had any number of seemingly typical incipient cases of typhoid, and when called early have always succeeded in having my patient well in a week or ten days. And my beginning treatment is always the small, frequently-repeated doses of calomel, followed by the saline. And what is more prompt in promoting secretion, excretion and elimination? After this I institute the Dosimetric trinity and intestinal antiseptics, preferably the sulphocarbulates.

FRANK SPILMAN, M. D.

Andersonville, Ind.

—:O:—

"Remove the cause." Dosimetrists by no means drop the old, well-tried maxims of the past, but build upon them the new therapy. And how much more evidence

will our pessimistic Eastern brethren want before they bend their stiff necks to the consideration of intestinal antiseptics, without the rigid determination to see no good in it? None are so blind as those who won't see.—ED.

A GOOD BEGINNING.

Editor Alkaloidal Clinic:—This manner of applying remedies in the treatment of disease is to me a new experience. Still it cannot be called a new system, as the same active principles are used in whatever form the drug may be given. The alkaloidal preparations, however, have the advantage of the desired active principles separated from other material; consequently one can feel sure of just what he is giving.

I do not feel that my short experience in the use of alkaloids entitles me to speak as one having authority, and no doubt I have erred in not pushing the granules to physiological effect in many instances. Yet it was better to go slow and become familiar with the method than to repent an excess in drugs and enthusiasm. I began the use of alkaloids only after much consideration and the reading of several CLINICS, wherein various fraters detailed their experience. I can truthfully say that I have been more than repaid for my effort in breaking away from the older methods. I don't wish to be understood as having discarded entirely all that belongs to the past in the way of medication, but the experience of the past few months is so satisfactory that the first consideration in the treatment of a new case refers at once to the alkaloids.

In upwards of twenty cases of typhoid fever treated by alkaloids during the past fall every one recovered, and with one exception in a much shorter time than has been my former experience. I can speak equally favorably of other acute diseases, one case only of croupous pneumonia

dying. But my great triumph has been in a lot of chronic cases.

I can assure my professional brethren that they will make no mistake in using the alkaloids.

H. O. DODGE, M. D.

Boulder, Colo.

—:O:—

I commend these remarks of Professor Dodge to our readers. It is just such cool, cautious, intelligent investigation of the merits of Alkalometry that carries weight, where hasty enthusiasm excites distrust. We will await with interest his further reports.—Ed.

STRYCHNINE DURING PREGNANCY. SODIUM SUCCINATE FOR GALL- STONES.

Editor Alkaloidal Clinic:—In the CLINIC for '97, page 234, in your answer to Dr. Kelchner, you ask a question whether any one has had any unfavorable results from the use of strychnine arseniate with pregnant women.

Case 1. Pneumonia, in a woman eight months pregnant; sick for eight days; temp. 104°, pulse 130; much emaciated; dry, hacking cough, left lung nearly all involved; in fact, I thought it would not be long before we would need an undertaker.

I gave her acetanilid gr. iv, strychnine arseniate gr. 1-30, sanguinarine nit. gr. 1-67, three tablets of glonoin gr. 1-200, at one dose; and ordered it to be given every three hours; ammonium carbonate gr. v, every three hours; also ammonia liniment with iodine as a local application followed by flaxseed, and Saline Laxative for bowels. In twelve hours I found my patient better, temp. 102°, skin acting well, cough somewhat easier; treatment continued except acetanilid, reduced to two grains. Twelve hours later; still improving, temp. 100°, cough free and easy. Ordered ammonium salicylate gr. v, strychnine arseniate gr. 1-30, sanguinarine gr. 1-67, glonoin gr.

1-200, every three hours, and continued the ammonia.

She made an uneventful recovery. The physician had trouble to keep her from aborting during the first days of her sickness. Despite the strychnine arseniate and sanguinarine she went to full time and was delivered of a fine healthy child.

After this I used strychnine in a number of pregnant women and have never had any bad results.

Case 2. Mother of three children and a bleeder in the full sense of the word, the hemorrhage in all her confinements was almost beyond control. Never in all my medical career have I witnessed anything to compare with it. I told the husband that if she should ever become pregnant again I wanted to treat her beforehand; so in due time he came to let me know that she was ready for treatment. At the end of seven months I gave her strychnine arseniate gr. 1-30, three times a day, and continued until she was confined. Instead of working with all my power for six hours, in one and one-half hours she was out of danger. You can be assured that this was one more laurel for strychnine arseniate.

I could recite other cases, but I think these are sufficient. But I must say that where strychnine arseniate is indicated as a tonic it cannot be excelled.

One more and I am through for this time: As to the use of sodium succinate in biliary calculi. I was called one year ago to treat a man suffering from renal colic. I relieved him in the usual way, with chloroform, anodyne, etc., and after the acute attack was over I gave him sodium succinate (Abbott's), and to my surprise and his too he has never had another attack.

This patient had been treated by all the physicians in the surrounding country, and one or two in Louisville, Ky.; had been having the attacks every month or two for years. I gave him in the begin-

ning four 5-grain tablets, each day for sixty days, then three tablets since, up to the present time. I do not say that sodium succinate is a specific for this trouble, but I do know that it has done the work in this case. I would advise all to try it in similar cases.

My knowledge of this drug I obtained from Waugh's "Treatment of the Sick," so thanks to Dr. W. I would not be without the book for triple the price.

I am a dear lover of the CLINIC. Wishing you a merry Christmas and a prosperous '99.

W. H. NUNN, M. D.

Henshaw, Ky.

PASSIFLORA.

Editor Alkaloidal Clinic:—I am an old man with over fifty-five years' active experience in medical practice. I believe in medicines. I believe the crude preparations contain several medical constituents, to which, in the sum of all, the medical therapeutic property is owing. On the other hand, I am not a believer that podophyllin represents podophyllum, or that atropine represents belladonna, and so on. Yet, I am ready to admit that strychnine will cure some cases in which nux vomica is indicated, but I prefer to use a pure saturated tincture of nux in preference in all such cases. I am not opposed to the alkaloids specifically, nor do I oppose their use, except when made the subject of a system of exclusive practice.

I see an article in this issue of the CLINIC by E. J. Marsh, M. D., which has several good points as to the case of medicines of various kinds, and the physician's profits, and I read the editor's comment thereto. Dr. Marsh's experience with the use of passiflora is not unique. Many other physicians have had much experience similar to Dr. Marsh's.

I believe I wrote, if not the first, very nearly the first, article on passiflora, and have written many articles and have had

a very extensive experience with this medicament clinically. While in Macon, La., I treated a horse that had lockjaw, caused by "picking up" a rusty nail. I used a decoction of the root, very strong, injected the medicine up the rectum, gave all I could get down by the mouth when I could. The case was as desperate and unpromising as could be. I used two gallons of strong decoction. After working with the animal three or four hours I gave up the undertaking at nightfall (September) expecting the horse would be dead by morning. Early next morning the owner and myself went out to see the dead horse, but, to our surprise, the animal was alive and eating. It was regarded as a wonderful cure. I have cured several other horses of lockjaw with the same remedy.

The late Dr. A. L. Clenkscales and myself treated a case of opium poisoning in a negro, with remarkable success, using the strongest decoction of May-pop root. I have cured a case of neurasthenia with saturated tinct. of May-pop root. It is the best remedy in convulsions of children and in the sleeplessness so often seen during typhoid fevers and pneumonia. I place great reliance in it with confidence.

Dr. J. F. Raughton of this city treats the restlessness of all diseases successfully with saturated tincture of May-pop, his own make. I use Daniel's make altogether. I find frequent failures when I use the makes of others.

I find some of the most formidable cases of pneumonia in children, especially broncho-pneumonia, very excellently tided through their worst periods, by full doses of passiflora. I use full doses, from twenty drops to a teaspoonful, repeated every forty to sixty minutes. Some cases do much better when I add skull-cap to the May-pop. The two seem to be fine anodynes and hypnotics.

I must close now because I am writing under severe pain. I fell on the ice three

weeks ago and severely injured my right shoulder; then I am crowding 84 years.

JOS. ADOLPHUS, M. D.

S. Atlanta, Ga.

—:o:—

That Dr. Adolphus should take the pains to write when suffering so much we appreciate as a courtesy to the CLINIC, and its readers. Certainly the therapy of the alkaloids differs from that of the crude preparations. We have urged this on our readers. But when the crude drug contains several principles in varying proportions, is it not better to select the one we want, or to mix them to suit our case, than to depend on the chance of getting just what we want in the crude drug? No pharmacist, however skilled and honest, can control the variability in crude drugs. Modern science can do so, by using the active principles.—ED.

A CURE FOR ACNE.

Editor Alkaloidal Clinic:—A typical case of acne came under my observation some time since. The progress was very rapid. The face became so badly blotched in a few months that the young lady was reluctant to show herself in public. She had received careful treatment from several different physicians for nearly three years prior to the time when she placed her case under my care. I treated her with the galvanic current, applying the negative electrode to the acne in turn, and keeping up the application during three sittings of twenty minutes each daily. In conjunction with this treatment, I used arsenic in various forms, also adopting a general tonic treatment. Abscesses formed and were opened as necessary, some requiring repeated incisions. The result of this treatment was favorable in mitigating the symptoms, but was slow in action and, although persisted in for several years, never produced a cure.

I determined to try Arsenauro; the patient began by taking five drops, three

times daily in one-half goblet of water. The dose was increased one drop each day until she was taking thirty-five drops, three times daily, without any head symptoms or any characteristic evidences of arsenic poison. At forty drops however, there was some giddiness. I then reduced the dose to thirty-five drops and kept her on that dosage until I considered it unnecessary to continue the remedy. In all she took eighteen bottles of Arsenauro and has had no return of the malady since the discontinuance of the remedy in the latter part of October, 1895.

Her skin is now fair and smooth, even the scars left from the numerous incisions have become very much less noticeable. I consider the case entirely cured and give full credit to Arsenauro.

At no time, no matter what the dosage, was there any symptom of irritation of the stomach. This is an important point and well worthy of note.

So very marked is the change in her appearance that many persons have stopped her on the street and asked her what she had taken to cure her.

J. M. INGERSOLL, M. D.

Rochester, N. Y.

A KINDLY GREETING.

Editor Alkaloidal Clinic:—Enclosed find \$1.00 to renew my subscription to the CLINIC. I am old and worn out and do not practice much, but I think the CLINIC is splendid. Oh! if I only could have had the CLINIC way back in the 40s, what a storehouse of knowledge it would have been to me! Richly blessed are the young doctors who have it to read today. Long may it live.

R. BAKER, M. D.

Broadway, Tenn.

—:o:—

We are proud of the commendation of the seniors; the men who have been long in the service and know the value of finely tempered weapons.—ED.

THE TREATMENT OF DIPHTHERIA.

Editor Alkaloidal Clinic:—My tentative diagnosis of diphtheria in the case from which I sent you specimens for laboratory examination was verified by two deaths before the report was received; one with laryngeal and the other with nasal and post-nasal complications. Have you anything to recommend or any well-defined views regarding the treatment of diphtheria? Do you use antitoxin? It strikes me that constitutional measures, with local antiseptic treatment as gently applied as possible, will succeed best; and that all measures for the removal of the membrane, except by nature's method of sluffing, are detrimental.

This epidemic has been unusually severe—about 75 per cent of deaths. Such cases make one long for the power and wisdom of an Almighty arm that could stay the ravages of disease.

C. F. Ross, M. D.

Sanuemin, Ill.

—O:—

General constitutional treatment in the nature of systemic antiseptics and germicides; with support, coupled with proper local measures, is unquestionably the most successful treatment for diphtheria. I advise prompt saturation of the system with frequently repeated doses of calcium sulphide, evacuation of the bowels by means of calomel followed by Saline Laxative; stimulation of the cells by means of strychnine in large doses and the promotion of leucocytosis with Nuclein (Aulde). Anything irritating or depleting is contraindicated, and this will apply to general as well as to local measures. For local treatment mild antiseptic gargles should be used, and used frequently. The frequency of their use is of as much importance as the thing used. Any mildly antiseptic lotion will suffice, with preference for hydrogen peroxide, or Marchand's Hydrozone. No effort should be made

to dislodge the membrane. Disinfect it and let it alone. It of itself is the best barrier to absorption. Nature will promptly dispose of it when the disease is arrested.

Just what the action of antitoxin is I cannot say, but repeated experience has demonstrated that it is of great value; and while I have never trusted it alone, and would not feel justified in so doing, I am positive that it adds materially to the efficacy of other treatment. Expected results are obtained much more promptly when antitoxin is used than when it is not. Therefore I advise it, and believe a properly selected antitoxin properly used can do no harm. Personally I would advise small injections in different parts of the body to one large injection, but possibly that is merely a matter of opinion. I have for many years trusted largely to a mixture in which chlorine is present in the nascent form, for local use.—ED.

ANURIA.

Editor Alkaloidal Clinic:—In 1886 I reported to Dr. W. H. Pepper, at his request, an exceedingly interesting case of anuria. I still have his reply to my report in which he accords me full reliance on the statement made. My own notes of this case have been lost or destroyed. The prominent facts noted in the case, at that time, were a complete anuria for over seventy-two hours, and in the following twenty-four hours the vicarious elimination of a quart of dark, amber-colored, ammoniacal urine by emesis. Slow convalescence with a gradual return of the kidney function to its normal state followed.

Now at the expiration of twelve years, I have before me the same patient with similar conditions. At the date of this writing seven full days have elapsed, and in that time not a drop of urine has been expelled; and when I used the catheter the bladder was found empty. The condition of the patient presents nothing alarming, barring

the fact of the complete cessation of kidney functions. Her sufferings are a persistent headache, and backache over the kidney region. There has been considerable abatement of these symptoms in the last forty-eight hours. There has been, and still exists some qualmsiness, disgusting taste and odor of breath (evidence of uremic toxemia) have been prominent, though not so evident as in the former attack.

The case I think is unique, and I report it as being of interest to the profession. So far as I know or have been able to seek out, medical literature has little to say or record about the extraordinary conditions herein met with.

I have classified it, so far as my own observations and experience go, under the heading of hysteroidal anuria.

Geo. M. ROMIG, M. D.

Allentown, Pa.

THE BOGEY AGAIN.

Editor Alkaloidal Clinic:—Some time ago I received a sample copy of the CLINIC, and the past week I have devoted my spare time to reading it. I have concluded to subscribe for a year and see if I can learn something new.

I am a little shy of the alkaloids, especially as to the size and frequency of the dose, as the text-books fail to mention the dose even when they mention the alkaloid.

F. E. JOHNSON, M. D.

Irving, Mass.

—:O:—

We welcome you into the CLINIC family with pleasure, and feel sure we will enjoy your company. By the time the year is out you will get over your slight prejudice against the active principles. They alone are trustworthy. The objections to them are made and fostered by the manufacturers of galenical preparations. The standard books are quiet on the subject because the authors know nothing about

them, and will not take the time or trouble to learn. You would not go back to opium and cinchona bark and throw away morphine and quinine, would you? For the same reason you should acquaint yourself with other principles.—Ed.

X-RAY DANGER.

Editor Alkaloidal Clinic:—I notice in your valuable journal of January a short note on "X-Ray Danger." I take pleasure in presenting my views upon the subject. I have had a long experience in X-ray work, have examined hundreds of cases at the "Institute" with this valuable instrument, without the least danger whatever to patient or operator. The X-ray is perfectly safe from danger. I have located bullets also, as my brother stated, and I am sure that I was never burned, nor my patient, or assistant, Dr. Rice. I have read many reports of danger of X-ray machines, and I cannot or will not believe all circulating reports concerning the danger of X-ray instruments. The X-ray is condemned by a few who are not willing to have their mistakes shown up. Give me the alkaloids and my X-ray machine, and I wish nothing else in the practice of medicine.

H. F. GETZENDANNER, M. D.

Frederick, Md.

—:O:—

The case reported was a resident physician at the Episcopal Hospital of Philadelphia. I cannot vouch for its truth.—Ed.

ABDOMINAL WOUNDS.

Editor Alkaloidal Clinic:—In the article on "Abdominal Wounds" in the December CLINIC, page 780, I neglected to state that the probe penetrated the walls of the abdomen, but did not simply follow the track of the bullet.

R. J. SMITH, M. D.

Buffalo, N. Y.

NUCLEIN AND QUININE.

Editor Alkaloidal Clinic:—The advantageous uses to which quinine has been put in the treatment of different diseases constrain one to compare its observed action with the light of recent physiological investigations.

"Drs. Cutler and Bradford find that quinine diminishes the red and increases relatively the quantity of white corpuscles of the blood."

"Quinine is supposed to control inflammation by its destructive influence on the white blood corpuscles, and Binz maintains that after irritating and inflaming the mesentery by the administration of quinine, the white corpuscles are killed and their migrations are, by the tissues, prevented" (Ringer, 1888).

From a paper written by John Aulde, M. D., we quote:

"During the past year there appeared in this country an interesting and instructive communication by Prof. Muller of Vienna, giving an account of his discovery of certain granules in the blood, which he had found constantly present in that fluid when freshly drawn both from healthy and diseased persons. These 'small, generally round, colorless granules' he designed 'Hemokonien' or 'Blutstaubchen (blood-dust.

"True, these granules had already been observed by others, but it remained for Drs. Stokes and Wegefarth to make an effort to determine their special properties as well as the source from which they are derived. Suffice it to say that they finally proved to their own satisfaction that they were thrown off by certain leucocytes, but the most important discovery related to their possible function.

"They exposed different bacteria in suitable media to the influence of both filtered and unfiltered blood-serum, and found that the unfiltered serum promptly arrested the growth of certain micro-organisms, notably

the bacillus typhosis, spirillum of Finkler-Prior and cholera spirillum.

"In the filtered serum which contained none of Muller's hemokonien, the multiplication of the bacteria took place with great rapidity, showing that nuclein is in fact a product of the leucocytes and further that this product is in some mysterious manner associated with the 'granules.'"

From the above quotations it may be seen that therapeutists in the past, in comparison with those of the present who advocate cellular therapy—leucocytosis to build up and maintain cell-function and integrity—are not very far apart. The former liberated nuclein for the repair by giving their patients drugs, the action of which caused disintegration of the leucocyte, with consequent liberation of its by-product—nuclein—into the blood-stream, accompanied with the disadvantage of having instilled an additional poison into the blood, for the changed cellular condition of the blood to eliminate, as instanced by the use of quinine to combat malaria, when the quinine must be carried out of the body practically unchanged through the kidneys.

On the other hand, direct cellular therapy employs a ferment obtained from the thymus and thyroid glands of healthy animals, whose action in the living body is the setting up of a leucocytosis. Whether such leucocytosis is the result of the introduction of the "blood-dust," or some other product of the leucocyte, is immaterial—the fact remains.

Not all sick persons are capable of becoming aroused to a proper grade of leucocytosis, to overwhelm all the severe varieties of contagion and their consequent results. I have seen anal excoriations in cholera infantum, from the poison of bowel-motions, entirely disappear under nuclein treatment—the child dying from meningitis from which it had been suffering before my first visit.

It is more than probable that antitoxin

and the several serums are analogous to the "unfiltered blood serum," though more nucleinic from the effort of the horse's latent blood-power to throw off the virulent poison with which he had been injected.

JAMES BURKE, M. D.

Appleton, Wis.

—:O:—

I trust we may hear more on this subject, and more from the same source. Compare with the brave effort Headland made long ago to determine the action of medicines.
—ED.

VARICOCELE.

Editor Alkaloidal Clinic:—The articles of Drs. Manges and DeArmand, in July and September CLINICS, 1898, were especially interesting to me, as I had several cases of varicocele clamoring for relief.

Now it may be, as Dr. DeArmand says, that the public enjoy being humbugged and that operations are mostly for mental effect. However, I will report one case:

A single man, age thirty-five, coal-miner, had suffered with pains and dragging sensations in the inguinal region and cord for several years, and for the last six months had been unable to do any work. He was industrious, worked for a living, and I think the mental influence in his case almost nil. A medium-size varicocele was found. On September 13 I did an open operation, as recommended by Wyeth. No bad results followed and he has now been at work at his old occupation for a month. There is no pain or inconvenience now, and he says he wishes he had been "humbugged" a year sooner. Now if mental influence cured this man, it is immaterial. Our work is to cure. And if an operation is necessary to produce the "mental influence" required, I think we are justified in operating in severe cases, despite the fact of danger.

The operation giving best results is probably that of Dr. Frank Lydston, as referred to in his manual on varicocele.

It consists of shortening the scrotum and tying the veins (open method) at one operation.

In regard to the dangers (embolism, septicemia, etc.), I think we may say, as we do of anesthetics, that the good done far outweighs the occasional harm.

When such men as Ricord, Gross, Holmes, Keyes, Lee, Treves, Weir, Sir Astley Cooper, Henry, Bemet and Wyeth recommend operation, I think we have authority for operating in suitable cases; though I am aware that for every case demanding operation there are many that require only palliative treatment or none at all.

J. S. MOORE, M. D.

Bunker Hill, Ill.

—:O:—

The spirit of the original Bunker Hill evidently inhabits our Illinois town of that name, and Dr. Moore stands up stiffly for his opinions. Brother, we like that, whether we agree with you or not. But why don't you give hamamelin to those cases you do not operate upon, and let us know if it is any good?—ED.

THE RIGHT RING.

Editor Alkaloidal Clinic:—I have used the W-A Intestinal Antiseptic tablets to good advantage and some of the Anticonstipation granules, and so far they have acted nicely. The more I use the alkaloidal preparations the better I like them. I am giving all my spare time to studying the active principles and theory of alkaloidal medication and believe it is the coming practice of the day. I cannot see why it should be otherwise; it is so much nicer, handier, cleaner and pleasanter, both for doctor and patient, and, I believe, more perfect in good effect. Hurrah for Dr. Abbott and the CLINIC and all its co-workers! I think it is the best medical journal in existence.

M. D.

—, Tex.

ECLAMPSIA.

Editor Alkaloidal Clinic:—In the November CLINIC is a well-written article on Eclampsia, by one who does not need to be told how to cure the disease, because of all-sufficient knowledge on that point already attained.

Success in such a case as the one related by the writer is certainly gratifying and much to be commended, but I find that after the treatment began there were eight distinct convulsions running through six hours of anxious medication. Now permit an old fogey who took his degree away back in 1850 to express the opinion, based on experience in this class of cases, that there is perhaps a better way than the one outlined in this case; one great dread and principal danger in these cases, brought about by the repeated terrible convulsions, is irreparable injury to the brain-tissues from rupture of the blood-vessels, with extravasation of their contents into the cerebral mass; followed speedily by coma, paralysis and death. And the question of all questions in importance is how soonest to arrest these convulsive seizures and relieve the surcharged brain of this intense congestion and its attendant dangers. Right here, speaking from some experience, adding my testimony to that of others, is shown the priceless value of what the elder Gross has called the "lost art."

Venesection—this is the sheet-anchor of safety for the brain. Bleed without delay, not by measure but for effect. Added to this comes free purgation, brain and nerve sedatives and anodynes to control irritation; and delivery as soon as possible, to relieve the womb of the offending cause. A case in point will illustrate:

Sometime in the seventies I was called to see a primipara at about the end of her term, who was found during the forenoon lying on the floor in the agony of a most terrible convulsion. The physician gave

her chloroform freely and almost continually, until the time of my arrival six to eight hours later. Her condition at that time was one of intense tetanic rigidity, with frequent interruptions of spasmodic jerkings and twitchings, short superficial breathing, face and skin deeply congested and livid, with full pulse and total unconsciousness, this feature having continued from the first. Her arm was quickly corded, a vein opened, and blood in full stream allowed to flow until the congested suffusion of countenance was replaced by deep pallor; the pulse softened and the breathing became free and easy, twitching ceased and profound relief to the congested tissues and strained nerves was palpably and quickly displayed in every feature, but consciousness was totally wanting. Next she received forty grains of potassium bromide and twenty grains of chloral hydrate.

Finding the child's head fairly down in the inferior strait delivery was speedily accomplished with forceps, the secundines following soon. Her general condition after this seeming good she was directed to be kept under the influence of potassium bromide gr. 20, chloral hydrate gr. 10 and morphine gr. 1-4 with chloroform inhalations as often as needed to control spasm and restlessness, and to have calomel and jalap each ten grains, every third hour until the bowels were freely purged.

Next day her symptoms were pleasant except that there was as yet no return of consciousness. Her bowels having been abundantly opened, she was kept on the bromide mixture, given as often as needed to control restlessness. Consciousness returned the third day and with light tonics and nerve sedatives as needed she soon recovered. The relaxation of the blood-letting arrested the convulsions at once, none occurring after it.

This was a typical and desperate case, showing the failure of chloroform alone and the value of blood-letting. Consider-

ing the gravity of the case in its onset and progress, it is doubtful if any course of mere medication could have saved the life.

Case 2. Subsequent to the above case I was called to a neighboring village and found a multiparous woman in labor, who had already been freely bled and purged by the attending physician, on account of repeated severe convulsions. On examination, finding the pulse soft and regular with no evidence of undue vascular fullness, or spasm, she was delivered without further medication, except possibly the guarded use of chloroform; and made a good recovery.

Case 3. I was called later to the same village to visit a primipara in labor, who had had numerous severe convulsions, which were repeated with the appearance of every pain, and by the time of my arrival her condition was becoming desperate in spite of chloroform, bromides, etc., given by the attending physician. All mere anodyne medication could do having apparently been done, I recommended bleeding as a *dernier ressort*, but not without hope, as the patient was full of blood. The attending physician was strongly opposed to blood-letting, but finally consented after the advice of a second consultant favoring it was considered. She was freely bled, the convulsions ceased, she was delivered safely and recovered without accident.

Case 4. Following the above cases, I was called to the same village a few weeks subsequently to see a woman who had been delivered two or three days previously, and having suffered about as long before delivery with repeated severe convulsions, which were now continued in the form of slight and oft-repeated seizures, this being the fifth or sixth day after the onset of labor. She was pale, with shrunken countenance, very feeble, mind wandering and in a general state of collapse. Had been kept on chloroform, bromides, chloral (*et id omne*) but no vene-

section; and now the time for that remedy was long past, and there was nothing to do but try and make her as comfortable as possible, while steadily advancing coma and paralysis ended the scene, as it did within the next forty-eight hours.

Here was a remarkable run of cases in the same village—two of these saved by, or at least recovered following, the free use of the lancet; a most desperate one in my own town, which after being kept six or eight hours under the influence of chloroform, the case constantly becoming more hopeless, is relieved—yes, saved—by free bleeding. The last case, No. 4, attended with the best known treatment, administered by four of our most skilled physicians, omitting venesection, dying about the sixth or seventh day from the onset of convulsions.

Other cases could be cited. One in particular I remember of a young woman coming into labor, being suddenly attacked. After a hasty ride of two miles I found her suffering with severe convulsions, following each repetition of the labor-pains. She was a stout, robust young woman otherwise in good health. I lost no time in opening a vein and extracting blood, from one-half to two-thirds of a hand-basin full, continuing the flow until general pallor and relaxation took the place of spasmodic tension of the muscular system. This was followed with purgatives, speedy delivery under chloroform and rapid restoration to health. Mother and babe both doing well.

There is no remedy so likely to bring quick relief in these cases as free bleeding. It saves the brain and does it quickly, and gives time for the action of other appropriate remedies, as chloral, bromides, aconite, veratrum and the occasional use of chloroform, all of which act with greater speed and certainty following blood-letting. Because of the fact of the vascular apparatus having been partially emptied, the absorbents take up the medication

more rapidly; and also probably because nervous irritability is so soon allayed, there is little organic injury, and the natural functions quickly resume their wonted action, without the interference that universal spasm causes throughout the system.

This is a large subject and might be extended to great length of detail, but my purpose in writing is to contribute a mite in favor of the one remedy which promises more in desperate cases than all others combined, if used early and freely.

There might be cases of puerperal convulsions where there is great anemia and general deficiency in the vascular system, in which venesection might be contra-indicated. These are cases requiring wise discretion, but the majority of cases are attended with extreme vascular fullness, and during the convulsive seizures the veins and capillaries of the neck, face and head show decided engorgement, and for safety require the speedy and free use of the lancet. In doubtful cases a tentative bleeding, with close watchfulness, may prove the key to unlock the riddle and save the patient; or the remedy now strongly recommended by some, veratrum in powerful doses (a teaspoonful dose of the tincture is said to have been given), may be the better remedy; but my claim is for superiority of blood-letting as a rule in the vast majority of cases of puerperal eclampsia.

My cases of this nature were all treated before the days of alkaloidal medication, to which I have been debtor for several years, having been a subscriber to *The Alkaloid* in the early nineties, when edited by Louis J. Mitchell, and since that period having used those remedies to a large extent and with great satisfaction. To-day I might substitute, for bromides and chloral, other sedatives and antispasmodics, as the Defervescent or Trinity granules, with hyoscyamine, or anything apparently demanded by the symptoms;

but have no hesitancy in expressing the opinion that nothing promises so complete and speedy relief in desperate cases as free bleeding. It may be said to open a safe door for any other appropriate treatment.

VIRGIL MCDAVITT, M. D.

Quincy, Ill.

—:O:—

I have seen a woman go into an eclamptic convulsion while the blood was spouting from her arm. Potash is a convulsant; better substitute sodium bromide.—Ed.

DIET FOR THE NERVOUS.

Editor Alkaloidal Clinic:—The theory entitled evolution is that the world is a series of growth, from the smallest infinitesimal atoms in all its complexity of process.

Revolution is the reverse, although essentially part of the general process.

A stalk of corn in its growth and decay is a type of the universe.

The study of biology suggests revolution. It must therefore aid us in re-organizing medicine, the study of neurasthenia, all neuroses and all disease, whether functional or organic.

Homœopathy, eclecticism, hydropathy, allopathy, all belong to the same process, whatever is a fact and true, although they may not suggest themselves at once, must live. The science of diet—the moral of eating—the philosophy of digestion, should be emphasized as truly a part of therapeutics, and without medicine we can do more with food than with medicine alone.

Faddist, as some claim me to be and which I deny, I can prove that a correct knowledge how to select food for the ailing—and those not ailing—is the secret of success in the science of medicine, for food is as much a medicine as anything else. The cause and cure of most diseases can be found in the dining-room.

Gout, rheumatism, biliousness, constipation, all come from the food one eats, and diseases apparently remotely con-

nected with the stomach—such as diabetes—may be brought on or relieved by what one eats in his three meals a day.

A gifted writer says the first requisite for success in life is to be a good animal.

Tell me what thou eatest and I will tell thee what thou art, is correct, and expresses the importance of a knowledge of foods. By the theory of evolution these propositions in regard to diet should be true.

Living beings feed on that which is below them in the scale of development.

The best food for man is that which is just below him in the scale of existence.

Food is more difficult of assimilation in proportion to its distance.

The following two propositions are verifiable: The earth feeds on gases. Fruits and cereals feed on the earth. The cattle and the lower animals fertilize the earth, "*are earth*," and are useful as medicine for man or to clothe and shoe him; but not essential as food, although they have greatly assisted in solving the problem of existence, during the earlier stages; but in proportion as man grows in knowledge and wisdom he becomes more sensitive, less barbarous and brutal.

The best food for nervous invalids according to "my ideas" of the doctrine of evolution would therefore be as follows:

Apples, grape-fruit, for constipation; peaches, apricots, grapes, for indigestion; oranges, lemons, pineapples, for rheumatism. For old people with meat-stiffened joints, I can recommend from experience the pineapple, distilled water, apples and walnuts; corn bread when it is baked so hard that nothing is left but the crust, mushrooms, cauliflower, peanuts, almonds, sour milk, and bean soup without meat. Butter can always be used with safety. If beef is used it should be done sparingly.

With all due respect for those who differ with me as regards ice-cream, I have found it one of the best aids in regulating and controlling inflamed stomachs. One pa-

tient of mine lived one whole year on nothing but ice-cream. His stomach would reject everything else. He now is a hale, hearty individual, free from all disease of the stomach.

If I were to eat meat I should want it to be old. Newly-killed animals are ruinous to the stomach. That rooster meat is bound to go with the pig, and he who eats either will become a rooster or a pig in his habits.

Talk about your cranks, faddists, rustlers, after all 'tis they that set men to thinking. The old disgusting exclamation of "Whoever heard of such a thing!" does not lessen the value of that thing, not in the least. It is meant, however, as a squelcher. The fact that alkaloidal therapy was not much in vogue a few years ago does not lessen its value. To my mind it is the only rational way to administer drugs. And it is the harbinger of that morn that will eventually dawn upon us to enlighten and unite all factions in that grandest of all callings—medicine. Franklin was something of a crank. Morse was once mobbed by the never-heard-of-such-a-thing fellows.

Hahnemann, Harvey, even our own beloved Weir Mitchell, have been called faddists. Waugh is a crank and so is Abbott. But I am willing to stake all I have that Waugh and Abbott, if they keep on, will revolutionize medicine. And the next century will rise up and call them blessed. (If they fail it will be owing to the roast beef they consumed.)

But the greatest crank is he that calls other people so.

May the blessed morn soon dawn when these poor irritable critters will have their eyes opened and be convinced

That if they would leave off their pig,
They would not fret but dance a jig;
What was good enough for pa and ma
Fails to satisfy the inner gnaw
Or blend with alkaloidal therapy. Selah.

HORATIO S. BREWER, M. D.
Chicago, Ill.

CONDENSED QUERIES ANSWERED

The great amount of material that has over-crowded our "Miscellaneous Department" in the past, renders the establishment of this new department a necessity. The essentials of a long letter can often be put into a few lines. Many have important questions they would like to ask but do not for lack of time to write a "paper". It is for just these that this space is given.

Queries coming to this department prior to the 15th will be answered in the issue of the month if possible, and if your editors do not feel able to give the information desired, the point in question will be referred to some one who is; while at the same time this, as well as all other departments, is open to the criticism of our readers. Free thought and free speech rule in the CLINIC family.

Query 346. Woman aged thirty-one; three children, youngest three years; menstruated regularly until October. Since that has

been constantly flowing, with occasionally a day or two intermission; anemic; costive; pain in right side of abdomen midway between superior iliac spine and upper border of pubic bone; soft, painful, anteflexed, pale uterus, small (about 1 1/4 in. long) rectal polypus about two inches above sphincter. Treatment: a) regulated bowels; b) tonic: Iron phosphate and strychnine, result fair; c) To stop flow tried: Ergotole, hydrastis, gallic acid, with poor result. What would you advise me to do?

K. F., Mo.

Give her hydrastine, a granule every two hours until she stops flowing. Open her bowels with Saline Laxative and follow with iron arseniate, gr. 1-67 every two hours. Better take that polypus away, the womb may need curetting.—Ed.

Query 347.—A GERMAN woman aged sixty-nine, had apoplexy in June '97, again in November '97, and in December '98. Before the last attack she was nervous, had no appetite, but nausea, became blind, speechless, tongue projected to right, frothed, cramps in hand and foot lasting three minutes, belching, vomiting, slight fever.

Cold was applied to head, hot mustard to feet, clothes loosened, morphine injected, croton oil on tongue, atropine by mouth induced sleep. Then I gave the Triad for fever, atropine for nervousness, W-A Intestinal Antiseptics for stomach, and left her on the Antiseptics, Saline Laxative and strychnine arseniate.

She now has fair appetite, bowels regular, tongue red and smooth, pulse 74, skin cool; slight amnesic aphasia, tinnitus in right ear, palpitation, incipient cataract. Give diagnosis and treatment.

G. B. P., Ill.

Arterio-sclerosis, miliary cerebral aneurisms, rupturing on left side. Give her arsenic iodide to combat the arterial disease and promote absorption, four granules daily for a year; avenine for its effect in improving cerebral nutrition and gradually relieving the effects of such attacks, four granules daily for a year; keep the bowels regular with Anti-constipation granules

and aseptic with the W-A's, to prevent recurrence, for such a brain is very sensitive to constipation and auto-toxemia. Report in three months.—Ed.

Query 348.—I send two dollars with sputa for examination. Please suggest treatment. Patient is a mother, age twenty-seven; for six months has had chills, fever, night-sweats; with cough, worse at night and early in the morning; has lost twenty pounds; appetite and digestion bad.

J. H. M., Ky.

Examination shows the presence of staphylococcus pyogenes in large numbers. I would suggest Marmorek's Streptococcus serum, repeated every ten days for three or four times; six grains of calcium sulphide daily in divided doses, and 1-30 gr. strychnine arseniate at meals. As soon as improvement takes place, which will be manifested by general symptoms and confirmed by subsequent examinations, Nuclein and strychnine arseniate would be the proper treatment for continued use to complete recovery. Keep the bowels regular and give seven W-A Intestinal Antiseptics daily, to prevent further infection, Feed well. She is not fit to work. Regulate the hygiene of the premises yourself and see that she has pure air and sunshine in allopathic doses.—Ed.

Query 349.—A LADY forty-seven years old, healthy, has slight pain between shoulders, severe pains in second and third fingers of right hand, coming on regularly at 1 a. m., lasting till morning, then disappearing entirely. Pain prevents her sleeping; during daytime no pain, but slight numbness especially while sewing; pain especially severe after a hard day's work sewing or washing; by day fingers and joints normal, at night, while the pain lasts, they are stiff, but no redness or great swelling. She has had it four years, usually free in summer. There is another lady in the neighborhood with pretty near the same symptoms; has had it for twenty years.

Years ago, when the attack came on, she shook her hand violently and it suddenly disappeared; of late this procedure will not work.
A., Ohio.

If there is a specific taint give mercury; if a neurosis give cicutine, seven granules a day, with a full dose of hyoscine on retiring. Treat the paroxysm with ethyl bromide inhalations.—Ed.

Query 350.—WOMAN, aged thirty-five, rheumatic for four years; now affecting right knee, left elbow, wrist and hand; has fallen in weight from 160 to 115 pounds; constipated; aches before bad weather. I have her on bryonin, podophyllin, iodides, hot baths, flannels, and have ordered a Kelley hot-air apparatus, colchicine and hot oil massage.

S. D. S., Minn.

You might try the diet recommended by Prof. Craig, also keep the bowels aseptic as well as open; encourage her to move as much as possible. Could the case be gonorrheal? She is a young woman to be crippled by rheumatism.—Ed.

Query 351.—A MAN of fifty has had severe epistaxis since boyhood, left nostril only; growing worse; may bleed twelve hours; heart irregular; general health good; not weak. He bleeds once or twice a month. Before the hemorrhage the head feels full, the heart throbs, blood rushes to his head.

S. D. S., Minn.

As this man has bled from boyhood, and the symptoms indicate an active hyperemia relieved by the flow, be careful about interfering with it directly. Keep the bowels loose with Saline Laxative; moderate the heart's force with aconitine, keeping him a little under its influence regularly. When the bleeding is threatened, plunge the feet in hot mustard water, quell the hyperemia with aconitine or veratrine, and syringe nose with a little two per cent cocaine solution. Please report results.—Ed.

Query 352.—A MAN of twenty-one has had tubercular hip disease for two years; atrophy, leg shortened. How much can be done for him?

S. D. S., Minn.

Joint tuberculosis is not so ominous as pulmonary. Keep up his digestion at the highest notch; crowd the cod-liver oil, continue the iodoform injections, but mix it with petrolatum, and fill him with Nuclein,

giving ten to twenty minims daily, injected into the gluteal region. Rub the wasted leg with hot cod-liver oil. You may stop the disease but you cannot restore the leg to its length.—Ed.

Query 353. MAKE some suggestion as to the management of gallstone colic, recurring once in six months, when a stone always passes. What of Dr. Baker's hydrated succinate of ferric oxide? Is sodium succinate as good? What is its cost, dose, administration?
F. H. B., Iowa.

Diet carefully, avoiding fats and the excessive use of meats and sugar. Give plenty of alkaline water. Give sodium succinate, five grains four times a day, to dissolve the stones. Give it for a year. The A. A. Co.'s price is \$5.00 for 1,000 five-grain tablets. Examine the stones passed and note if there is erosion, until you find the last one, rounded, non-fattened.—Ed.

Query 354. MAN, twenty-two, health fairly good, but nervous and emaciated; history of early indiscretion; constant passing of fluid resembling white of eggs from urethra when with women; erections perfect except glans, soft and flaccid. He would like to marry but is afraid to do so. Such cases give the young physician a great deal of trouble.

J. C. L., Iowa.

Amen to the last sentence! They surely do. Inject euophen-petrolatum twice a week into the prostatic urethra until all tenderness has subsided. Then get him married off.—Ed.

Query 355. 1. WHAT would you do for a man, thirty nine years old, who masturbated from sixteen to twenty-five, has varicocele of left side, testes small, sexual power declining, erections weak or absent but has sexual desire; the deep urethra has a slight burning sensation when the penis is partially erect, which erection soon passes away; sexual excitement causes violent action of the heart, followed by slow almost intermittent action; uses tobacco, otherwise general health good; an occasional emission; is married, has one child healthy and sound.

2. Give formula for fluid petrolatum.

I. C., Indiana.

Inject into the prostatic urethra euophen-petrolatum, ten drops twice a week. Order him to shun sexual excitement for a month; using gelseminine to control it if necessary. Try a rubber ring around penis to see if dilated veins are the diffi-

culty. Then follow with strychnine arseniate gr. 1-30, four times a day, but make him understand that he must be moderate and that he is coming to an age when many men quit sexual indulgence. A fair degree of strength may be preserved, but he must not expect to continue the exuberance of youth.

Fluid petrolatum is fluid cosmoline or vaseline, but as these are proprietary, we prefer the pharmacopœial term. Any druggist can furnish it thus at much lower rates.—Ed.

Query 356. MALE, age thirty-three; date of first sickness six months ago. Symptoms: Pain in back and head with numb and tingling sensations in legs and feet; insomnia and marked irritability; these continued till suddenly, while at work, he became comatose; urine highly acid; urates and uric acid crystals in abundance, no albumen, no sugar. Potassium acetate followed by potassium iodide restored him to excellent health. Two weeks ago the old symptoms began to return, which rapidly disappeared by use of potassium acetate and he feels splendidly again. What treatment, medicinal or dietetic, would you suggest to prevent him from lapsing into this uric-acid-intoxication? M. M. D.

Diet of fruit and vegetables, with diastase to aid digestion until he gets used to it; see that bowels are regular; give avenine, six granules daily, to improve nutrition of cerebral centers; lithium benzoate, six granules daily to carry off uric acid.—Ed.

Query 357.—A SUFFERER from asthma. I cannot drive, ride or bike. Can you tell me where horseless carriages or cycles can be obtained?

J. S. H., Oregon.

A number of Chicago firms manufacture these useful vehicles, among them the Fischer Equipment Co. We regret that none of them seems to have the sagacity to see what a field there is for their wares among physicians, and the enterprise to advertise to them. But the business is in its infancy. The bicycle has improved some of our roads, and the auto-motor is destined to supplant the horse in the near future. The early forms are largely experimental. As they demonstrate the feasibility of the machines, inventive talent will improve them, and capital will be at-

tracted. Until then these motors had best be left alone. The excessive high price and the certainty of their soon being rendered obsolete by improvements must deter investors, except those who have "money to burn," or whose necessities warrant their putting \$1,500 into a machine that will be antiquated within a year or two.—Ed.

On Query 297.—In your reply to Query 297 in the December CLINIC you may properly advise the use of strychnine arseniate and I merely wish to say that I believe ergotin could be added to the strychnine in this case with benefit to the patient. Many years ago I was on duty in a military hospital in which we had a patient suffering from paraplegia, who had lost all control over both the urinary and anal sphincters, and was wearing a rubber urinal constantly. The surgeon ordered drachm doses of fluid extract of ergot every four hours, with the result that in the night I was called up to see him, and found the muscular coat of his bladder acting precisely similar to the uterus in the pregnant female at term, when under the influence of this drug, and the patient screaming from the pain attending the contractions of his bladder. A hypodermic injection of morphine speedily relieved him; but I have never forgotten the circumstance, as this effect of ergot was entirely new to me, nor do I remember having since seen the action of ergot on the bladder referred to in any work on medical therapeutics. Hence my troubling you with the above experience, which in itself is very little, but yet might prove useful in some such case as the one referred to.

JAMES B. FERGUSON, M. D.

Act. Ass't Surgeon U. S. A., Post Surgeon.

Ft. Yellowstone, Wyo.

Query 358.—MAN aged twenty-eight, weakly, has pain in the right lung, enlarged glands on the left side of the neck and both groins, sore throat, dark spots on tongue. Potassium iodide eased the chest pain, reduced the glands and removed the tongue spots, but upset the stomach. Diarrhea and throbbing in the stomach persisted when I changed to mercury protiodide and arsenic. On the mercury alone the symptoms continue. Would smoking cause this ailment? J. H. V., Mo.

Is it not syphilis? If so, use mercurial ointment by inunction over the swollen glands, and give the salicylate of mercury internally, a granule every hour while awake until evidences of approaching salivation appear; then lessen the dose a little and go ahead. If not syphilitic give iodoform, phytolaccin and calcium sulphide, a granule each every waking hour.—Ed.

Query 359.—A WOMAN of twenty-three, weight 120, has severe pains in back, side and stomach at each menstrual period, till the flow ceases; always regu-

lar since puberty; pain first three years ago; health good; not married; claims to have no uterine disease; in bed four or five days each period; everything seems normal. What treatment would you advise?
W. L., Ill.

Give B. U. T.s, one every two hours until the pain stops. There is probably endometritis also, which needs euophen-petrolatum as directed in my book. Hot enemas aid in relieving the pain. If the attack proves obstinate, add one granule Dosimetric Trinity, or Defervescent if she is full-blooded, to each dose of Buckley's Tonic.—Ed.

Query 360.—MAN, age twenty-six, masturbator before marriage, worked in water in very cold weather, began ten years ago to lose use of extremities at times, worse in damp weather, never has attacks while moving, but after rest has to be helped up, then can go all right, no pain with some attacks, at others very severe pains in arms and legs, right patellar reflex absent, very weak in left.

P. C. K., W. Va.

Chronic myelitis. Try static electricity if possible. Give zinc phosphide gr. 1-67, five granules, strychnine arseniate gr. 1-30, and Nuclein (Aulde) two tablets, four times a day. Keep the bowels regular with Waugh's Anticonstipation granules and aseptic by seven W-A Intestinal Antiseptic tablets daily. Report after one month.—Ed.

Query 361.—HEPATIC COLIC; a man sixty-five years old; attacks every three months, nothing but morphine relieves. What would you recommend? A man thirty years old, had rheumatism for eight years, shoulders affected, cervical and dorsal vertebrae ankylosed, the whole spine fixed as in plaster of Paris.

A. S., Minn.

Give sodium succinate for six months, keeping the bowels regular, avoiding fat and foods that disagree. Try hyoscyamine amorphous for the paroxysms, a granule every half hour till effect. If this does not relieve, use ether instead of morphine. Anesthetics are more effective and safer.

For the case of arthritis, regulate the bowels, render them aseptic by giving seven W-A Intestinal Antiseptic tablets daily, with sodium iodide, five grains every hour while awake, for a week or until sneezing begins, then change to phytolac-

cin, a granule every hour, for a week; then back to the iodide. Are you sure it is not gonorrheal?—Ed.

Query 362.—GERMAN farmer's wife, aged thirty-two, for three years has had bladder-pain during and after urination, passes some blood and mucus at times, at others the urine is clear; urinates hourly by day and several times by night; worse on riding and in cold weather; aching over sacrum.

—, Iowa.

There may be an ulcer in the urethra. Look for it. Give salol gr. v, four times a day, and wash out the bladder with warm water containing benzoic acid, thirty grains to a quart; then throw into the empty bladder an ounce of euophen-petrolatum. Give hyoscyamine amorphous enough to control the pain or redden the skin, every evening. Salol in passing through the urine destroys all micro-organisms and greatly relieves an irritable bladder. Benzoic acid promotes a healthy condition of any mucous membrane to which it is applied, and euophen heals ulcers and kills gonococci.—Ed.

Report on Query 248, October CLINIC, 1898, p. 656. Patient has improved so much that she has had but one hard spell and one light one; feels encouraged and anxious to get well. Send any further remedies you can suggest.

—, Iowa.

Add avenine, one granule to each dose, and continue treatment. She will get nearly well but not quite. Keep the bowels open and aseptic. A brain once injured is singularly susceptible to the evil influence of intestinal toxins. The influence of avenine is not well understood, but paralytics invariably announce themselves benefited by it.—Ed.

Query 363.—A GIRL of sixteen, menses at thirteen, has epileptic fits the night before each menstruation begins, followed by palpitation and mental depression. All symptoms cease when the flow begins.

W. L. S., La.

Give the "Anti-Epilepsy" granule, No. 235, two granules every hour, for some days prior to the expected period, and a little extra atropine and some strychnine at bedtime the night the attack is due. Glonoin relaxes the cerebral capillaries,

whose spasmodic contraction constitutes the first stage of an epileptic fit. Atropine prolongs this effect, and it is hence impossible for a spasm to occur while the patient is under the influence of these agents. Prevent the fits a few times and the habit will be broken up. Strychnine contracts the utero-ovarian vessels and by steadying the nerves prevents the explosion.—ED.

Query 364.—A MAN, twenty-six, had fever some weeks last spring, leaving him very weak—emaciated, moderate appetite, constipated, tenderness in abdomen. What would you suggest?

A. B. B., Tenn.

Regulate the bowels with a daily dose of Saline Laxative, one or two teaspoonfuls in a glass of cold water before breakfast; give seven W-A Intestinal Antiseptics a day, one before and after each meal and at bedtime, also a tablet of Nuclein (Aulde) and a granule of strychnine arseniate gr. 1-134, at each dose. His diet should be nutritious, but not irritant. He may have unhealed typhoid ulcers.—ED.

Query 365.—WHERE can I get sodium cantharidate? How is it used and in what dose?

E. G. M., Ind.

Potassium cantharidate was recommended by Liebreich as a remedy for tuberculosis, also in lupus and cystitis. It is employed hypodermically, three to six minims of 1 to 5,000 watery solution, three times a week. I find no record of sodium cantharidate being used, but it is listed by Merck and doubtless could be used as well as the other salt in the same doses.—ED.

Query 366.—BOY, aged five, fat and hearty, has wet the bed all his life; for a while could not hold urine in daytime; foreskin adherent to glans, which I corrected; urethra congested. Six weeks ago I put him on rhus and lithium benzoate with atropine gr. 1-500, and strychnine arseniate gr. 1-30, three of each at bedtime.

This did well for a while. He could hold water during the day, and would miss once in a while at night. The urine became more natural. In the past week he has been unable to hold his water during the day.

W. P., Ind.

His urethra needs euophen-petrolatum twice a week. Give the strychnine in smaller doses (there must be a mistake in

the dose as you give it), say gr. 1-500, every hour till effect, and hydrastin gr. 1-6, with each dose; substitute amorphous hyoscyamine for atropine, and increase the dose till you get full effect, giving in one dose only; have the boy take plenty of water by day, but none at or after supper; have him taken up the last thing at night and the first in the morning.—ED.

Query 367.—A MAN of seventy, has occasional albuminuria, had hemiplegia but is now able to walk. He has incontinence of urine, day and night.

S. B. B., Ill.

Combine strychnine hypophosphite gr. 1-134, sanguinarine nitrate gr. 1-67, and cantharidin gr. 1-1000, and give them every half hour until you get an effect. If none follows in two days, double the dose of all three.—ED.

Query 368.—ASCITES; man, forty-four; rheumatic; paralyzed from hips down; feet and legs swollen. I treated him for six months; got him up on crutches; normal; no swelling. Six weeks ago the swelling returned. Appetite good, and strength gaining.

T. L. M., Texas.

Give apocynin one granule, strychnine arseniate one granule, and a small teaspoonful of Saline Laxative, every two hours while waking. Keep this up as long as the dropsy lasts. Sometimes these cases do well by tapping or draining the peritoneum. It is possible that the dropsy might not come back.—ED.

Query 369.—GALL-STONES for ten years; attacks more frequent now, two or three a week. The treatment in the books does very little good. Patient a Norwegian, aged fifty; merchant. Outline a treatment that will be beneficial.

W. A. F., Minn.

Put that man on a careful diet, excluding fat, pork, veal, sausage and all indigestible foods. Give him sodium succinate, five grains four times a day for six months. Treat the paroxysms by inhalations of chloroform, also giving thirty drops of chloroform internally every half-hour until relief. In one case the pains were so severe that I gave teaspoonful doses of pure ether, undiluted, with the best effect.—ED.

Query 370.—A widow, aged thirty-three, functional heart-trouble; well nourished; nervous. For a year has had attacks of heart-throbbing and palpitation, no murmur during attack; first sound double; pulse regular, 124 to 170; rarely intermits. She is free at times, when, without warning, the irregularity and tumult commences. On one occasion I found heart regular, but laboring during systole, immediately after it was irregular. The functions of the body are performed regularly, and she is in general healthy. She appears to do better on a sedative.

E. D. M., Mo.

You will find sodium bromide in doses of five grains occasionally will give good results in that case; but very frankly, Doctor, the impression made upon me by reading your letter is that you had better prescribe a husband for that lady, a widow, aged thirty-three, healthy in every other respect. I think you will find my diagnosis and treatment correct. All women are not intended for single blessedness, and it is perfectly right they should not be.—Ed.

Query 371.—I SEND a specimen. My patient, a lady thirty-two years of age, single, "ailing" for six years, following la grippe; very nervous, easily excited, and trembles all over; at times she has formation over whole body, at other times in the urethra and bladder. She has had trouble with her bladder since 1894, when hot turpentine stupes were applied, and has since had no free passage of urine, especially when taking cold the urine would pass only drop by drop. There is tenderness over the left kidney. A fall in 1893 confined her to bed for two weeks, and since then she has complained of tenderness over the third lumbar vertebra.

Enclosed find \$2.00 for the examination.

F. A. M., Ind.

Examination shows the case unquestionably one of uric acid poisoning. Put your patient on a vegetable diet and see that she drinks two quarts or more of distilled water, or the purest spring water, every day. Coffee and meat should not be allowed under any circumstances. Give sufficient Saline Laxative every morning to keep the bowels regular. Have the patient out doors as much as possible, and tone up the general system with strychnine arseniate gr. 1-134, arseniate of iron gr. 1-67, and nuclein tablets, one of each every three hours, or two of each before meals and at bedtime. If you will kindly report after a month's treatment the CLINIC will appreciate it.—Ed.

Query 372. My wife, aged fifty-six, no children has dysmenorrhea and renal colic; urine deposits uric acid; constipated; spasms in extensors of left thigh for two years, following sprain and synovitis; spasm on attempting to walk; lasts ten minutes, more pain sitting or lying than walking; pain worse at night; tender along sciatic; muscles atrophied; knee grates; weight 125 lbs, having lost 10 lbs.

W., Kansas,

Chronic rheumatism with sciatic involvement and neurosis. Open the bowels by Saline Laxative, with plenty of water; place her on the vegetarian regime; give zinc phosphide gr. 1-6, three times a day for a week; double this dose for another week, then two weeks of iron arseniate gr. 2-67 and strychnine arseniate 2-134, three times a day. Give also a hypodermic of Nuclein (Aulde), ten minims, every other day. Have the limb massaged every evening. The laboratory report shows an excess of uric acid, with some pathologic bacteria in the urine.—Ed.

Query 373. I SEND sample of sputum from a patient believed to be suffering from embolic pneumonia. Please examine and report.

J. A. L., Missouri.

The specimen contained pneumococci; confirmed by culture. We have, therefore, not an infarction but a true croupous pneumonia, to be treated on the principles stated in an editorial note in the December CLINIC. Give Dosimetric trinity or Defervescent compound for the fever, Nuclein (Aulde) to sustain the vital force, etc. When the crisis is past it would be well to rub the chest daily with Iodolein, which is an exceedingly efficient means of stimulating absorption.

This case again illustrates aptly the necessity of laboratory examination as early as possible in the history of the case. Without it the most skillful diagnostician is but a guesser, and guessing is not compatible with modern medical science where certainty is in easy reach.—Ed.

Query 374. A MOTHER, aged forty, confined in July, 1897, had two strokes of apoplexy following, causing right hemiplegia. Partial recovery of speech and of the leg followed. She has since been taken about to doctors in Omaha, St. Louis, Chicago

and Kansas City, with little benefit, as could be expected from so many changes of treatment.

December 4 she had another stroke. I gave the alkaloidal granules hypodermically, with benefit, as she could not swallow. I consider it cerebral embolism from retained placenta. Please give diagnosis and treatment. N. S. M., Wyoming.

Your diagnosis is probably correct. You can do no good unless she settles down and adheres to one treatment long enough. If so, give her iodides to full effect, for four weeks, keeping the bowels loose, and supporting the strength.—ED.

Query 375. TELL me the best treatment for exophthalmic goiter, a girl sixteen years old: eyes very prominent; goiter very noticeable, pulse 120, has constant headache, is nervous and anemic.

C. L. M., Iowa.

Give her veratrine or aconitine enough to bring the pulse down to normal; hydrobromic acid for headache; splenic extract, two grains three times a day. For excited heart or throbbing thyroid, apply ice.—ED.

Query 376. A LADY, fifty, has had gallstones twenty years. After taking olive oil she passed many soft, globular bodies. Attacks occur once a week. Shall I operate or medicate?

W. P. S., Illinois.

Give succinate of soda, gr. v four times a day, for three months; relieving paroxysms with chloroform by the mouth and by inhalation. If not distinctly recovering then, operate. The masses passed were derived from the oil given.—ED.

Query 377. A GIRL of twenty-one has goiter and dysmenorrhea. Four years ago she had whooping cough, and has since had attacks of sudden pain under the sternum, and sudden nausea. This lasts one to four hours; recurring once a week up to twice a day. The pain radiates to the spine and occiput. The nausea occurs usually in the morning on rising. Her health is otherwise splendid. One sister had chorea, and this girl may have it slightly.

S. A. M., Ohio.

In ancient Rome a goiter and morning sickness would have been diagnosed as pregnancy, as the neck was then measured to prove chastity. I do not see how a genital examination can be avoided. Let it be made under anesthesia. Meanwhile keep her bowels open with Saline Laxative, give macrotin, gr. 1-6 every waking

hour, pushing to full effect, and apply Iodolein every night to the neck. More I cannot say until the examination has been made. Note the condition of the clitoris especially.—ED.

Query 378. SPASMODIC cough in children. In using potassium bichromate do you give a whole tablet to a one-year-old, or as by the aconitine rule? W. B. W., Georgia.

Potassium bichromate stimulates the mucous membranes, and acts in the dose of one-half to one milligram every two hours. Give this and all standard granules by the aconitine rule—one for each year of the child's age and one for the glass, in twenty-four teaspoonfuls of water, a teaspoonful every fifteen minutes till effect.—ED.

Query 379. EPILEPSY in a man of twenty-five, following mule-kick when eight, on head; fits increasing in frequency, followed by a temporary mania; a glutton for meat and liquor, ugly temper, probably masturbates. N. S. M., Wyoming.

If you can control him, put him on the vegetarian diet for years. If not, trephine.—ED.

Query 380. My baby, four and one-half months old, has eczema on head and face, at times over body. It took fever when three days old and had it for two months; attributed to general dementia, which lasted several weeks and was followed by crops of small boils, on the head and body.

When two months old eczema capitis set in, extended over face and into ears. This I managed to control after several weeks' hard work, with the exception of its eyes and ears, which are very bad yet. The edges of the lids and their conjunctival surface are affected. The itching is terrible. At times its urine has been very scanty; acid; digestion and bowels deranged. It is large and fat for its age. Whenever treatment is stopped the eczema comes back on other parts of the body.

Tar ointment has given by far the best results. Arsenic internally made it worse.

W. L. S., Louisiana.

I would advise the application of an ointment containing two to five grains of yellow oxide of mercury to an ounce of strongly benzoated lard, giving the child internally arsenic sulphide in very small doses. If it causes irritation make the dose smaller and smaller until it no longer does so. Keep the digestive organs in good condition with sodium sulphocar-

bolate and use Imperial Granum or Ridge's Food rather than the albumens. Some eczema cases cannot stand milk. Alternate the arsenic sulphide with rhus internally. In either case the dose should be one granule in twenty-four teaspoonfuls of water, a teaspoonful every two hours every day.—Ed.

Query 381. A BIG Bohemian farmer, sixty-five; heart-disease diagnosed thirty years ago, comes sometimes for indigestion, easily relieved. There was no heart-murmur but palpitation and beat-skips. Last July he also had queer feelings in the legs, as if something ran up to his breast, with prickling and great alarm. This attack came while overheated with garden-work. He has since been mostly in bed, lost flesh, hypochondriac, disordered digestion, costiveness alternating with diarrhea, languid circulation, no fever, sleeps poorly, palpitation bad at night, no dropsy.

W. O., Iowa.

Disease of the heart not affecting the valves. Give strontium iodide, ten grains four times day. Keep him on a diet of milk, one glassful every four hours and nothing else; with pepsin and hydrochloric acid. After he has had this a week, give a tumblerful of some fruit juice, grape-juice, apple-juice, orange-juice, etc., half-way between, and only gradually get him on regular diet, as indigestion evidently excites the heart. I shouldn't wonder if his heart needed a little food, and a course of arsenious acid and Nuclein (Aulde) would be of considerable benefit. This should be continued for the month, about four granules of the acid and twelve minims of Nuclein, in divided doses.—Ed.

Query 382. BRONCHORRHEA. First call nine years ago for hemorrhage from lungs. Present age fifty-four; has had three such attacks, pneumonia once; physical condition poor, spare in flesh, nervous, sensitive, rather willful, appetite fair; tongue large, swollen, dirty-white to brown, constipated, very stooped shoulder, sits doubled-up, coughs and hacks a great deal. Expectorates a large quantity of yellowish and white frothy mucous sputa. In the night she may have one or two coughing spells lasting an hour; is very exhausted after them; sudden and persistent spells of oppression of chest, can't breathe, generally after eating. Pulse 90.

M. C., D. C.

Commence by regulating the woman's bowels with the Anticonstipation granules, the strychnine and atropine of which would be well-suited to her lungs. Give

her also calcium sulphide four grains daily, and calcium hypophosphite ten grains daily, as long as she is raising yellow matter. As a general tonic add to this iron arseniate gr. 1-6 three times a day. Rub her chest every night with cod-liver oil containing five per cent of oil of eucalyptus, and have her wear flannel next the skin.

If she does not rapidly improve on this treatment you had better send a specimen of her sputa for laboratory examination, to see if any of the serums are required. If she does improve, as you lessen the dose of Anticonstipation granules add hydrastin, from five to ten granules a day. I should like very much to hear the results in this case. It is one of considerable interest, the more so as the profession generally neglects such cases, and I believe that He who sent diseases in this world always sent remedies to suit them, and we will find them if we only keep on trying.—Ed.

Query 383. A WOMAN of twenty-eight, with angina pectoris, complains of distress after eating; somewhat stuck on her ailments.

J. H. C., Wisconsin.

Empty the bowels, because irritability of the stomach is hardly possible if the bowels are clear; give six W-A Intestinal Antiseptics daily; relieve acute distress by zinc oxide, a granule every quarter-hour, or by iodoform, same dose. Then put her on arsenic iodide for a year, four tablets a day, to wear away the angina.—Ed.

Query 384. SHOULDER-INJURY, a man who had buboes some years ago. He cannot raise his arm; there is crepitus on moving it, and pain on jarring or motion.

J. H. C., Illinois.

Is there possibly a fracture or a dislocation? I infer that the injury is not recent. If not, give an anesthetic, break up the adhesions, and then have the shoulder massaged well every day; or inject seven grains of thiosinamin in alcohol at the soft part of the back and see if that will cause absorption of the adhesions.—Ed.

Query 385. A WOMAN, aged seventy-two, has attacks of vertigo, shaking palsy, with stomach pain.
C. S. S., Kentucky.

Old women are always constipated, and this may cause such symptoms. Empty her bowels by the salines. Keep them empty by the Anticonstipation granules, and give hyoscine to control the tremors. Give enough.—ED.

Query 386. A LADY of twenty, malarial-anemic, had typhoid fever from June to November, menses stopping, has had chills followed by fever, beginning after dark, temp. 104°, intense headache, abdominal pain, tongue lightly coated, no appetite. Please advise.
C. S. S., Kentucky.

Have the feces examined for tubercle bacilli. Keep the bowels open by Saline Laxative; give seven W-A Intestinal Antiseptics daily, with one grain of silver oxide, alternating with three grains of iodoform. If there is pus or blood in the stools give oil of eucalyptus, ten minims a day. Meanwhile give her Nuclein (Aulde) ten minims a day, to restore vitality and enable her to throw off the disease, and have the hygiene of the house and vicinity overhauled. Do this yourself. There is some continuous trouble to keep up the disease and it does not resemble typhoid or malaria.—ED.

Query 387.—In September Mrs. B. broke her radius at the lower end. It was properly reduced, so that the first few weeks there was no more than ordinary pain; but changing doctors she became discouraged, and ceased to rub it. Now the fingers are stiff, blistering and painful. What can I do to relieve her?
A. M. D., Minn.

Plunge the hand in water as hot as can be borne, then into ice-water, and rub thoroughly for fifteen minutes, using iodine in oil, as strong as can be used without breaking the skin. Repeat four times a day, bending the joints as much as she will bear and a little more. Keep this up for months, and you can restore some motion, perhaps much. You might try injecting thiosinamin as an experiment.—ED.

Query 388.—A GIRL of sixteen, stout and healthy, ravenous appetite, never menstruated; has had epileptic fits once a month since twelve, last time had two; never unconscious until last one, when she re-

mained so for ten minutes; clonic spasm absent until last fit; no trace of heredity; every reflex cause eliminated except adhering prepuce or other genital abnormality; have postponed examination to see if I could bring on changes, to note effect, but have not succeeded; parents do not wish to believe that it is true epilepsy. I hesitate to place the patient on bromides until genital reflexes are eliminated.

Do such reflexes ever give rise to epilepsy? What treatment do you suggest?
A. B. F., N. D.

Nor do I believe it true epilepsy but rather hystero-epilepsy, due to amenorrhea. You must give an anesthetic and make a thorough examination of the genito-urinary organs. Correct any defect discovered, then put the girl upon potassium permanganate and sanguinarine, seven granules of each every day, adding aloin, same dose, when the time for the fit approaches. Report results.—ED.

Query 389.—1. WHAT are the most favorable conditions productive of malaria?

2. Is the *plasmodium malarie* fruitful of disease in drinking water?

3. Is it a living organism and how is the system infected?

4. Can the *plasmodium malarie* live in water at or below 60° F.

The CLINIC is destined to replace many papers in medicine. It is fast going to the front. REX.

1. The uncovering of a surface usually covered with stagnant water, whereby the plasmodia may be raised by the wind and carried in dust to the individuals.

2. Probably a large percentage of cases are caused by infection by drinking water. Whether this is the only way the infection enters man is uncertain.

3. It is a living animal, and attacks the red blood cells, destroying them, reproducing in the human body.

4. Assuredly, since it resists the cold of winter and is active after frost.—ED.

Query 390.—CONGENITAL deformity in a female age ten weeks. The cord was attached at the superior border of the pelvis, leaving a fissure extending from the junction of the anterior commissure of the labia major over the arch of the pelvis, at this point an opening extending into the bladder. Surrounding this opening is considerable vascular tissue—a portion of the bladder is involved in this mass. The baby has no control of its urine and seems to pass it all through this opening, though the urethra is normal. The little girl is in every respect healthy, well developed and growing, and does not suffer very much from the difficulty. We are all anxious to

have her restored to a normal condition, hence I ask your counsel and advice as to the best method of procedure. Suggestions will be appreciated from any source and especially from physicians who have had a similar case. G. M. M., S. D.

It looks like a case of exstrophy. You will have to close the fistula by an operation. The case is an exceedingly interesting one and I would be very glad to see it.—Ed.

Query 391.—A FARMER, fifty-one, has had renal colic during two years once a week, paroxysms lasting twenty-four hours. The urine is always turbid, more so during and after paroxysms. Pain is worse on the left side, from kidney to bladder. I send sample of urine, with \$2.00. S. M. B., Ia.

Urine acid, s. g. 1.018, smoky odor, cloudy, contains much blood and fifteen per cent albumen; under microscope, blood, pus and fat.

Your prognosis very grave. There may be stone in the kidney, and if so the only hope for him is a surgical operation. I am inclined to think that this is the case. His bowels should be kept free with Saline Laxative, three granules of Dosimetric Trinity should be given at bedtime, and much care should be exercised to feed him what he will digest the best. He should be exposed but little and should not work hard. This would be the general treatment for simple nephritis but I think there is something more in this case.—Ed.

Queries 392 to 396.—1. When a previously healthy man is taken ill and some hours or days of unconsciousness follow, what is the cause of the unconsciousness?

2. When insanity follows illness and lasts a few hours or days, what is the cause?

3. What is understood by inward fever?

4. A lady leaning slightly backward has great fear of falling. What is the cause?

5. An old lady fell on her hip, has partial loss of motion but not of sensation, excruciating pain for weeks, no fracture. What is the cause?

S. J. W., Mich.

1. Coma is due to the circulation in the blood of toxic agents having a stupefying effect on the nervous centers. The remedy is elimination, sometimes bloodletting to begin with, and intestinal antiseptics.

2. Insanity is likewise due to irritation of the nervous centers by fever or by tox-

ins of the convulsant group. The indication here also is for elimination, antipyresis, and intestinal antiseptics.

3. Inward fever is used to designate fever as shown by the thermometer, the skin remaining cool to the hand.

4. In leaning back the lady either alters her cerebral circulation so as to cause cerebral anemia or else she shifts her weight upon muscles not strong enough to support it, hence the sensation of dread.

5. If you are sure there is no intracapsular fracture, the lady injured the motor nerve, paralyzing it and setting up neuritis. Use counter-irritants and defervescent, with anodynes if necessary; following with massage, and some good nerve-food like Arsenaurol to restore the nerve function.—Ed.

Query 397.—Mrs. H., aged fifty-one, very plethoric, gall-stone colic eight years ago. She was taken last July with diarrhea, two or three actions after each meal, typical lenteric diarrhea, with griping. She is now taking iron nitrate with coto; the diarrhea is restrained to two small actions every morning. But she still emaciates. Her temperature has never been above 98°. I will feel very grateful to you and the CLINIC family for any assistance in this case. A. T. B., Ky.

A diarrhea that resists everything but coto is likely to prove tuberculous. The feces should be examined to ascertain this. Lenteric diarrhea usually does well on hydrochloric acid and pepsin, given with each meal in the usual doses. Wash out the colon daily with large enemas, with zinc sulphocarbolate, two grains to the ounce. Restrict her to a diet of peptonized milk and raw white of egg exclusively, and give cotoin granules, one after every passage. If she is still plethoric give a morning dose of Saline Laxative also; if not, give copper arseniate gr. 1-1000, brucine gr. 1-134, and hyoscyamine amorphous gr. 1-250, every hour during the day till effect. The arsenic is for its effect on the duodenum, the brucine to brace up the tissues, the hyoscyamine to determine the blood to the skin and relieve intestinal congestion.—Ed.

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Dr. George F. Butler, Professor of Materia Medica and Clinical Medicine, College of Physicians and Surgeons, Chicago; attending physician Cook County Hospital, etc., in the course of an article in the Chicago Clinic, says:

"With the exception of morphine, no drug possesses so positive, prompt and efficient an analgesic property as kryofine; indeed, there are painful disorders, such as migraine and particularly the pains of locomotor ataxia and certain spinal diseases, where kryofine seems nearly as efficient as morphine and attended with less unpleasant sequelæ."

In the services of Drs. J. Rudisch, A. Meyer and A. G. Gerster, Mt. Sinai Hospital, N. Y., it was found that:

"As a hypnotic in insomnia, unaccompanied by severe pain, it has proved of undoubted value. In a case of acute suppurative arthritis, general sepsis and pericarditis, the drug did not affect the pulse. When the child was restless at night, $2\frac{1}{2}$ grs. of kryofine produced a quiet sleep lasting several hours."—Drs. HAAS and MORRISON, *N. Y. Medical Journal*.

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up the doctor stated that as his wife was suffering from an attack of nervous prostration with an irritable condition of the stomach, he decided to at once have some of ESKAY'S ALBUMENIZED FOOD administered to her. Previously everything she had taken had been rejected by the stomach and this was the first thing that was retained. No subsequent vomiting ensued and she made a splendid recovery. He further stated that she liked the food so well that she is continuing to take it for her breakfast and regards it as a great luxury.

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PHENALGIN.

By J. A. HOFHEIMER, M. D.

LATE ATTENDING SURGEON, HARLEM HOSPITAL DISPENSARY,
NEW YORK.

Over a year ago the writer's attention was called to a new coal-tar product known as phenalgin. I had attacks frequently of congestive headaches and had recourse to the various remedies then in vogue, always being compelled to increase the doses. At the time the drug was first brought to my notice I had but recently recovered from a long illness, partly rheumatic in origin. While suffering from a severe headache, later accompanied by nausea (migraine), and having taken a couple of doses of my usual remedy without any relief, I tried five grains of phenalgin. In about twenty minutes the throbbing and aching in my head markedly ameliorated, the nausea ceased, and in less than an hour I was entirely free from distress. This action was so decided and the relief so prompt that my attention, thus forcibly attracted to the drug, led me to study its action more fully. Since that time I have used it largely with a greater quota of success than I had obtained from other similar products.

Phenalgin is an ammoniated synthetic coal-tar product, being manufactured by a process which holds the ingredients combined in an active form and admitting of their separation in the economy. It is described chemically as a compound product of the amido-benzene series ($C_6H_5NH_2$) + ammonia, or "ammonio-phenylacetamide." The ammonia is volatile and admits of its prompt liberation in the stomach in a nascent state.

The effect of this chemical change is to act primarily as a diffusible stimulant, and prevent any undue cardiac depression, which is so prone to follow the administration of most coal-tar products.

Phenalgin is given in powder, tablet, or capsular form, it being a fine white powder of pungent odor with slight taste, and is practically insoluble. It is not disagreeable to take.

From observations on myself and others, it stimulates the pulse rate for a short time after taking, and then the heart's action gradually slows down with a strengthening of its first impulse. It also conveys a soothing, quieting sensation to the patient, without any subsequent unpleasant reaction. Frequently, after a ten-grain dose has been given, patients spoke of a feeling of drowsiness, which was followed by a short nap, from which they awoke entirely relieved of their distressing symptoms. Especially is this noticeable in cases of migraine and neuralgia. This latter effect has led me to prescribe phenalgin quite often for *insomnia*, sometimes alone and again in combination with bromides or trional. When so given a relatively smaller dose of the last two drugs acted with increased energy.

In *dysmenorrhoea* I have used it with good effect, especially in the functional variety. One noticeable case—a primipara—had always experienced distress

during the catamenia, lasting for two or three days, and was compelled to keep the recumbent position, with hot applications over the abdomen. In this case I ordered phenalgin in ten-grain powders, to be repeated every two hours if necessary. She took two powders the first day and one the second, and was so relieved as to be able to attend to her household duties. The following month I ordered a powder to be taken on the day before the expected menses; this prevented the pain, and since that time there has been no further trouble, one powder being taken in advance as a precautionary measure.

Another case was relieved by ten-grain doses of phenalgin in powder, accompanied by a mixture of viburnum, every three hours. In most cases of *dysmenorrhoea* I generally ordered phenalgin, ten grains, at beginning of menses, and to continue it in five-grain doses every four hours for the first thirty-six hours.

Among the cases treated with excellent results from the use of this drug, alone and in combinations, I have recorded in my note-book the following:

CASE I.—Hatty P., abdominal neuralgia, subacute rheumatism.

CASE II.—Mrs. Sp., sciatica.

CASE III.—Carrie Sc., quotidian malaria, constant cephalalgia.

CASE IV.—Della N., fermentative dyspepsia, cephalalgia, insomnia.

CASE V.—Mrs. Sa., *la grippe*.

CASE VI.—Mrs. O'C., neuralgia (abdominal), insomnia.

CASE VII.—Mrs. K., acute rheumatism, cephalalgia.

CASE VIII.—Mr. J. Sc., gastralgia, palpitation, cephalalgia.

CASE IX.—Mrs. Sa., chronic headache "for years," atonic dyspepsia, and rheumatism.

CASE X.—Miss L., cervical metritis, dysmenorrhoea.

CASE XI.—Mrs. Sh., pleurodynia, bronchitis.

CASE XII.—Fred G., myalgia, rheumatism.

CASE XIII.—Mrs. W., nervous dyspepsia, cephalalgia.

CASE XIV.—Miss L. M., *petit mal*, insomnia, cephalalgia.

CASE XV.—Miss A. J., gastric catarrh.

CASE XVI.—Mr. W. F. malaria, cephalalgia.

CASE XVII.—Mrs. F., incipient phthisis, pleurodynia.

CASE XVIII.—Mr. G. S., gout.

The combinations I have used it in are numerous—*i. e.*, in conjunction with salicylate of sodium, salol, or lycetol in rheumatism and gout. With antiferments and peptogenic compounds in the various forms of dyspepsia and gastralgia. With guaiacol carbonate in phthisis, giving great relief. Combining with arsenic or quinine in malarial affections, and more often given alone.

In summing up my experience with phenalgin, it was found useful in all cases where *pain* was a prominent symptom, acting especially well in rheumatic and neurotic cases. Also, like most of the drugs of its class, it has antipyretic powers; and in malaria, used alone or combined with small doses of quinine, it aborts or shortens paroxysm. It has hypnotic as well as anodyne properties, and is of great service where opiates are often indicated, especially as it leaves no bad after-effects and engenders no habit.—*N. Y. Medical Journal*, December 24, 1898.

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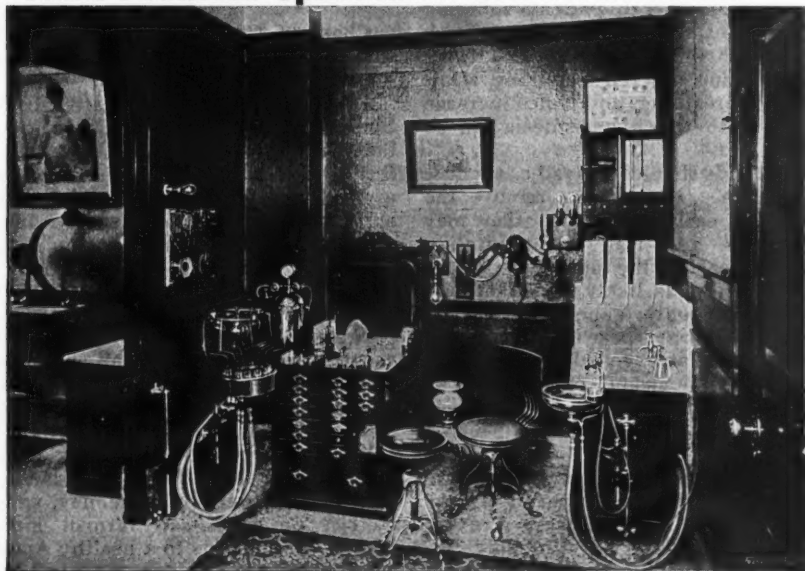
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FROM CURRENT LITERATURE

SURGICAL HINTS.

Never allow a room to be swept or dusted just before an operation. Cover everything with wet sheets, if necessary, so as to prevent the raising of dust.

When you have blood upon your hands, first wash them in pure water. Using soap at first is a mistake, as soapy water does not dissolve blood rapidly. Clear water and a nail brush should come first, soap next.

In all amputations, remember that the loose muscles retract more than those which are attached to the bone. Hence it is better to sever the loose muscles first, and the attached ones next, so that the ends may be of equal length.

If you believe that your operation has been a clean one, leave the wound alone, if not an infected one. The best surgeons usually apply but one dressing, the first. When this is removed the stitches are taken out, and the wound only needs a clean covering for a few days.

Before giving ether to patients suffering from catarrh of the nasal passages, wash these out with an alkaline solution. This will, by cleaning out the secretions, allow much easier breathing, and hence increase the facility with which anæsthesia can be induced.

Scalp wounds should always be stitched, if of any size. But always remove the stitches very early; otherwise they may act as setons, and lead to suppuration which, if it reaches the loose layer under the aponeurosis, is likely to be serious. These wounds only gape if the scalp muscle or its aponeurosis is incised, and very few stitches are needed.

In cases of felon, find out as soon as possible whether the bone is attacked. Should the terminal phalanx become loose, amputation will nearly always give the most useful finger, especially to workmen. The amputation, however, is best delayed until the septic process is overcome, or else the flaps will probably die, and the time needed for healing by granulation will be greater than that taken up in previous antiseptic treatment.

In bad cases of frost-bite of the hands or feet, do not be in a hurry to amputate. Rest in bed and the most careful asepsis will often allow you to save fingers and toes that would be sacrificed otherwise. The asepsis must be thorough; necrosing shreds must be duly removed, and the patient's strength be upheld by careful nutrition. Under such conditions, if gangrene becomes established, it is usually found that the line of demarcation is much farther towards the extremity than was anticipated.—*Int. Jour. Surgery.*

Brandis has collected ten cases of syphilis in physicians, all infected professionally in the fingers, and all extremely violent cases, only yielding to prolonged and repeated treatment. The diagnosis was made very late in each case.—*Deutsch Med. Woch.*, No. 21.

—Why don't they use the cots?—Ed.

"THE AMERICAN SAILOR."

Chaplain Cassard, Indiana, addressed the New York Methodist preachers' meeting on the "American Sailor."

He mentioned this suggestive incident: Soon after they arrived in New York harbor the sailors were paid off, and allowed forty-eight hours ashore in the way of a brief vacation, after seven months on shipboard without a taste of town life.

Their vacation was taken by sections. First, 300 men went ashore, and up into the awful temptations of New York City, with \$16,000 hard-earned money in their pockets. When their forty-eight hours' vacation was up and the roll was called, it was found that 90 per cent of those sturdy seamen—270 out of the 300—were on hand, clean and sober.

—When you consider how long they had been away from their home-land, that their pockets were full of money, and that no city on earth can furnish more or greater temptations to a healthy American youth than can our own Gotham, we can realize what a victory they had won.

(CONTINUED ON NEXT PAGE)